

**Sexual**  
**SURROGATE PARTNER**  
**Therapy**

Exploding the Myths  
Exploring the Mystery  
Explaining the Therapy

**DAVID BROWN**

## SECOND EDITION

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*With grateful thanks to....*

*my wonderful family, especially Joanna, Jeremy and Louise without whose love, friendship and help this book would definitely not have been written and without whom I could not have coped...  
to Christine, Richard and Nick...such faithful and dear friends and colleagues...to Dennis, for believing in me and for being my wise guide through dark days...to Vena Blanchard who is a source of such inspiration and strength to me...to Martin Cole for handing his torch on to us...to Diana Daffner for the 'Lovers Touch' ...to Cecily Green for being there at just the time I needed her...to the beautiful souls who are Surrogate Partners here and everywhere...to Jane...to the Beloved...*







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## Author's Preface

This book is written from personal experience blended together with the more objective experience gained through training, and professional relationship, with the International Professional Surrogates Association and after treating hundreds of clients through our work at The School of ICASA in the UK over the past twelve years. It is not intended to be an official description or statement representing all expressions of Surrogate Partner Therapy worldwide, and indeed, many surrogate partners throughout the world may see things differently.

It has been written at a stage in my life when I want to contribute, albeit in a small way, towards raising awareness of Surrogate Partner Therapy and in the hope that such contribution may make this wonderful type of healing work more accessible to some who need help in this vital area of human life.

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It will also be available at ICASA Lectures, Seminars and Conferences – refer to [www.icasa.co.uk](http://www.icasa.co.uk) for dates and venues. Events held specifically in aid of the “**Happy Dream Project**” – *the not-for-profit division of The School of ICASA* - will be announced on [www.happydream.co.uk](http://www.happydream.co.uk)

If you wish to contact me, as Author, or would like more information about any of the issues written about in the book, please email me at [enquiries@icasa.co.uk](mailto:enquiries@icasa.co.uk)



## The Lover's Touch

*The Lover asked: How would you like me to touch you?*

*The Lover answered: I would like you to touch me as if you were going away tomorrow, far, far away, and you wanted to remember the feel of my body, the texture of my skin, the hills and valleys that make up the landscape of who I am.*

*I would like you to touch me as if you were blind, knowing that you love me but unable to see me. Touch my face, my breasts, my belly, my toes... learn what I "look" like, imagine me in your mind as your hands explore my shape.*

*I would like you to touch me as if you gained your nourishment through your hands. Feed on me, drink deeply, and draw from your touch the love that I hold for you.*

*I would like you to touch me as if you were feeding me through your hands, as if by your touch I am nourished and sustained. every inch of me cries out for your touch, yearns to be fed.*

*I would like you to touch me as if your hand were a feather, lightly caressing the edge of my being.*

*I would like you to touch me as if your hands were paintbrushes, and as you caress me, you are colouring me in brilliant, sparkling, dazzling hues.*

*I would like you to touch me as if you were erasing the outer me, allowing me to reveal my inner self to you.*

*I would like you to touch me as if you had carved a sculpture, and were now feeling its finish, smoothing out any rough areas, enjoying the finished product.*

*I would like you to touch me as if your hands were fire, burning away the dross and leaving only the pure gold of my soul.*

*I would like you to touch me as if your hands were sponges, soaking up the essence of my being.*

*I would like you to caress me as if I were made of dry clay, and by dampening my skin, you enliven my spirit.*

*I would like you to touch me as if my skin were soft velvet.*

*I would like you to touch me as if you were a musician, and your touch brought forth different sounds from different parts of me.*

*I would like you to touch me as if I were a rare jewel, precious and valuable.*

*I would like you to touch me as if I were your Lover.*

*by Diana Daffner*



*The Lover asked: How would you like me to touch you?*

*The Lover answered:*

*I would like you to touch me as if your hands were  
paintbrushes, and as you caress me, you are colouring me in  
brilliant, sparkling, dazzling hues.*

*The Lovers Touch  
By Dianna Daffner*



# Introduction



On a recent trip to California where I was spending time with my professional mentor, Vena Blanchard, it was my privilege to be introduced to a wonderful and extraordinary woman called Cecily Green. This exceptional person, now in her gracious seventies, was a Surrogate Partner over twenty five years ago, trained personally by Barbara Roberts who was perhaps the most respected and well-known pioneer in surrogate partner therapy in the world. Barbara Roberts is now an iconic figure – a “Woman of The Light” - and like many true pioneers, has become something of a legend within her field of sex educators. It was, therefore, an honour and a rare opportunity to meet and spend unrestricted quality time with one of Barbara Robert’s own trainees, and moreover, one who was also a personal friend of Barbara. Cecily obviously holds precious memories and deep feelings in her heart for Barbara Roberts, who died of cancer over twenty years ago.

Cecily has a vibrant energy and yet exudes a quiet serenity; a good listener and an eloquent yet softly spoken speaker. Her clothes and her house are full of colour. She lives alone, widowed some years ago. She is rarely alone, however, being well known as a life-long sex educator and also as something of an expert in medical research, the benefits and downsides of treatments and practical advice in relation to most physical illnesses and disabling conditions, including chronic disease, that may be encountered by anyone entering or journeying through the ageing process.

She was a Surrogate Partner for many years, even after being diagnosed with breast cancer and having one breast removed through mastectomy. She was, and still is a researcher first, and an educator and counsellor second. Her immaculate house conceals many filing cabinets full of published and unpublished papers which she can refer to whenever somebody comes to her privately or professionally for physical, sexual, emotional or simply practical advice and counsel. She has embarked on many projects in her life and obviously embodies a wealth of knowledge and first hand experience that embraces human sexuality, spirituality and suffering. Modern

day therapists, psychiatrists, medical doctors, researchers and their like would do well to learn from the likes of Cecily before such wealth disappears from the earth upon the promotion to higher realms that are the ultimate destiny of all.

In remission from breast cancer for twenty-five years, Cecily was diagnosed again in more recent years and had the other breast removed through mastectomy. Sitting with this beautiful woman in her dining room over a light lunch, she said something very simple to me that threw a switch inside me - and this book was born.

She said: "From the moment that I received my second cancer diagnosis, I made a decision. I decided that I would now only take on anything or anybody where I could see *immediate results* for them." Immediate results. She said that her priorities, activities and her professional style changed in order to identify and achieve those immediate results in every counselling, speaking or researching project that she involved herself in. Gone were the days of long-term projects and research simply for sake of it; gone the impressive, theoretical counselling where advice is prohibited by safety-conscious professional association rules and codes of ethics. Gone were the hours of listening without offering the suffering client any real help other than a listening ear. Immediate results became both strategy and tactics for her. Her life has changed as a result, she said, and today she is more in demand than ever. She is also in good health. Perhaps the world needs such people as Cecily too much for mere cancer to take her away.

A bright light turned on within me as I sat and listened to her at that lunch. When my wife died a year ago; six years after her first diagnosis of breast cancer, I also was diagnosed with a terminal condition. It is known as grief. It doesn't always kill the body but it is, nevertheless, terminal. I will grieve the loss of my wife until I, too, can drop the body and leave this world. A bereavement counsellor once said to me "David, I think you're getting there". She meant that I was getting through the famous stages of grief that bereavement counsellors identify in order to tick their boxes and to be re-assured that someone like me is not likely to do themselves or others any harm. I asked her "Where is *THERE*? Where is it that this *THERE* is - the one that I am apparently getting to?" No amount of counselling and no amount of progress along the stages of grief

will bring back the warm arms of my wife or the laughter and tears that we shared together in good times and bad. There is no THERE. It just is. The grief felt from the loss of a part of your own soul remains for the rest of this life. It may be lessened over time; it may be covered over, for some, by discovering new love and a new life. Whatever route is chosen to mitigate the awfulness of the loss of your closest loved one, the truth remains that the experience of grief itself does not disappear with the passage of time; it awaits an adequate response. For horrified bereavement counsellors who may be reading this, I want to emphasise that I am not saying that one remains grieving for the remainder of life; simply the truth that grief itself cannot be cured – it can only be used as a means to transform. Then, and only then, does it have meaning and purpose. For death and grief to be transmuted into a gift, however, it must become the catalyst for transformation. Nothing short of total transformation can be an adequate response to either the death of your closest loved one, or the realisation of your own mortality. The person who I was before the passing of my wife has also died; he does not exist in the same form now as he did before. The David Brown who was “me” before Jane’s death also died with her. David died from grief. Jane is now transformed and so is the life I now call “me”. We both exist in a different form with transformed purpose, ideals and influence.

For over ten years, Jane and I have been researching, learning, training, testing and perfecting a work that is much misunderstood for the simple reason that it is little understood. We have resisted – kindly and courteously, I hope – the regular requests from the media in the UK and from overseas to publish interviews or produce documentaries about Surrogate Partner Therapy at The School of ICASA. We have deliberately kept a low profile, preferring to concentrate solely on treating the individual. If I am honest, I would say that our experience of the way in which a few of the more repressed sections of the UK media reported our work in the mid 1990’s made both Jane and I feel that we needed to defend our work rather than to promote it.

As I sat at lunch with Cecily, however, I suddenly realised that my personal transformation needed to have the effect of transforming this work from misconception to understanding in the consciousness of the therapeutic, media and public communities.

Cecily said that she would only take on a client or a project where there would be an immediate result. The 'light-switch' thrown in my head when I heard her say that about her own transformation lit up a similar decision within me. From now on, I determined, I must inform and educate rather than defend, the work of Surrogate Partner Therapy. There is only a handful of people on this planet who could be considered as an authority in the mysteries and the benefits of Surrogate Partner Therapy. Should those few, whose expertise has been gained from consistent first hand experience in the work, die before Surrogate Partner Therapy is properly understood by the present generation then this approach to sexual healing may die with them. Over pasta in California with a Woman of Wisdom, this book was quietly born in me. Three months later, it had been written and published.

Some who read this book may say that the speed in which the book was written is evident in its lack of finesse. To those who need such literary sophistication in order to learn, I apologise. It might be that others can write more acceptably as a result of this book becoming part of their own research resources. I did not make a decision to write a good book when I sat down and started to write upon my return from the States. It was not written to win awards. I have written to begin my personal transformation, and hopefully as a result, that of the precious work that is Surrogate Partner Therapy.

In a world where the human race and its collective consciousness are evolving at an apparent rate of knots, it must be said that consciousness relating to sexuality is currently devolving. Sexuality is declining to an animal state. It has become a commodity and that means that human life is becoming a commodity too. Repressing sexuality is not the answer to heal this decline; only by raising consciousness through restoring the essential relationship between sexuality and spirituality will we evolve into our full potential. This book is a small pebble that I am throwing into the giant ocean of collective consciousness. I hope that someone somewhere notices the small ripple that this pebble causes and begins to see things differently.

Some people will be disappointed with this book. It contains very little reference to stereotypical sex. Chapter 9, which is an

attempt to allow the reader into the experience of a client's sexual healing progress, is a collection of edited journals kept by the surrogate partner throughout the programme. Due to the nature of the therapy, these journal extracts are somewhat explicit in some parts. Please do not read this chapter if this is likely to cause you any offence. The purpose of this chapter is not to titillate or to offend or shock; it is merely to allow the reader to gain an impression of the surrogate partner's thoughts and feelings in relation to the client and to the client's healing process throughout the therapy.

The first and final chapters are personal accounts of the formative years and the transformative vision for the future. People have often asked "How did you get into this work?" as though it were possible to simply answer a 'jobs vacant' ad or as though we sat around one day and said "You know what? Let's start a sexual therapy centre practising Surrogate Partner Therapy"! Life isn't that cut and dried in my experience. It's more of a journey than a carefully worked out plan. As I have come to understand life, there is a Plan that is worked out for us; our journey is to discover the Plan before we go off too much into creating a plan of our own. The first and the last chapters chart something of the journey that has, so far, led me to be here right now.

I have thrown in for good measure a Frequently Asked Questions chapter simply because I wouldn't want the reader to think that I have constructed a carefully contrived book that represents Surrogate Partner Therapy in a certain light without facing head-on some of the common conceptions or misconceptions that exist in the minds of therapists or general public at large. I asked objective associates to supply me with a few questions so that I haven't selected my own. Please feel free to write with your own questions if they are not included in this section of the book. I will endeavour to answer personally hand written or typed letters of further questions. Please use ordinary mail (old fashioned letters rather than email) for this purpose as you may only know if you really have a genuine interest rather than a fleeting curiosity if you find the commitment to take the time to find pen and paper, postage stamp, etc.

Chapters 2-8 are the heart and essence of the book. I have tried to write it in such a way as to educate, inform, and hopefully, inspire. It has been written with a mixed readership in mind and, for that reason, the language may seem too emotive for the academic and too structured for the seeker. I hope that this does not cause one or other to switch off before extracting at least one thing that may be of help. My hope is that it will be helpful to professionals who are concerned to explore the options for health that exist beyond the traditional, conventional modalities. I have particularly in mind general medical practitioners, consultants, psychiatrists, psychologists, general counselors, life coaches, psychosexual counselors and therapists who are regularly involved in the treatment of men and women suffering from sexual difficulties and who perhaps feel that another approach may be needed in an individual case. I would hasten to add, however, that it has not been written as an advertisement for our particular centre simply in order to gain more clients. At the same time, I have tried to write for men or women who may be personally suffering from sexual unhappiness or dysfunction and who, having explored other forms of treatment or counselling, are likely to be helped by realizing that an integrated approach of transpersonal sexual therapy exists as a possible treatment option.

This is not another “how-to” book. It does not attempt to be therapeutic in its effect; rather, it attempts to raise awareness. We have other materials available in printed form that are therapeutic and take the student on a step-by-step process of sexual healing. We call that literature the “Sexual Confidence” – The ICASA Sexual Healing Programme. This book is not that. It is not intended to be critical of any other therapeutic approach to sexuality. Neither do I intend to suggest that we think of Surrogate Partner Therapy as being a panacea; nor that it is suitable for everyone. We have efficacy studies that have been based on all clients presenting at the School of ICASA over the past five years. In these papers we emphasise that this type of therapy is not appropriate to everyone suffering from sexual dysfunction, but outlines its efficacy in the types of cases where this approach is obviously suitable by proven outcomes.

It has been difficult in some places to write in such a way as to imply either male or female gender when referring to client and, therefore by definition, to a surrogate partner. The School of ICASA accepts, and has regularly treated both male and female clients and has a team of both male and female surrogate partners. I quickly realised how unwieldy it was to keep writing “him, or her” or as in other places “he, or she”. In some places I have used a footnote to confirm that although we might be using the masculine pronoun for client in that case, it could equally apply to a female client. Other times, I retained the rather clumsy “he or she”. In still other places I have used one gender pronoun or the other without explanation and my proof readers have re-assured me that in such places it seems the right thing to do. We are all baffled as to finding one cure-all solution to re-assure readers of the inclusivity of both genders as clients within our treatment programme; also within our training programmes, for any who are drawn to becoming a surrogate partner. Indeed, our treatment programme is also open to those who have gender orientation confusion. We also accept clients who are bisexual or homosexual but do not have homosexual surrogate partners at the time of writing and have not a programme specifically designed for exclusively homosexual clients. We do, of course, accept homosexual clients as clients who are following our ICASA Sexual Healing Programme through our literature and transpersonal therapy while practicing the intimacy exercises with their own partner.

The School of ICASA is not a religious organisation and does not teach or instruct anything that requires a particular doctrine or creed. We have regularly treated clients from every culture and background for over twelve years. As well as being a sex therapist, I am an Interfaith Minister, ordained by the Interfaith Seminary which serves the spiritual needs of people from all faiths and none. My spirituality is based on the Ground of Ultimate Reality being One, while there are many different paths that lead us all there. As for sexuality, this is also a universal and inclusive aspect of every human being’s life, and whether that is shared with another in relationship or reserved for ones self only, it nevertheless remains an essential part of the life force in all of us.

For those who feel, after reading the whole book that they still have many unanswered questions, there are several responses that might help. First, as I have previously mentioned please write or email your questions and I will try to answer to the best of my ability. Additionally, or alternatively, there are a number of seminars and workshops that we conduct at which you may ask further questions or simply learn more from the seminar content. There are also various small booklets and publications that we publish and websites, details of which are at the back of this book. But, in summary on this point of complete understanding, let me add a word of reality. There are some aspects of life that will always, and should always, retain a certain degree of mystery. Death is one of these mysterious experiences that will always require trust while we are in the body and personal direct experience while we make the transition ourselves. Sexuality is another such area of life. It should never be without a certain degree of mystery. Without trust and personal direct experience in sexual relationships we become control freaks and sex becomes a weapon of power over another person. It is the veil of mystery that keeps us human.

Finally, I hope that you will simply enjoy reading this book. In writing it, I have mostly felt like a secretary and the words have flowed from dictation spoken continuously and silently from within myself somewhere. There have been no moments of “writers block”; no periods of exhaustion.

It has come out of a relationship of love that embarked upon a journey that is not yet completed.



## Chapter 1:

# The Formative Years

*I would like you to touch me as though you were a musician, and  
Your touch brought fourth different sounds from different parts of  
me.*



It was a cold, grey and blustery October day on Crewe Station. The year was 1991, and I was there to meet Richard; a long term friend and professional associate who had been dispatched to brief me about my forthcoming trip to Florida, USA. My bags were packed and at my side. My wife Jane and our three children, Joanna, Jeremy and Louise were staying behind in North Wales where we were living at that time. Neither Jane nor I knew anything of any detail about the trip that I had been asked to take nor about the task I had been asked to perform – except for the fact that I was to recruit and train counsellors for an impotency clinic that had been recently opened in America by a group of medical and business colleagues from London. There were two main reasons why we had agreed for me to take this trip. One was my respect for, and friendship with, Richard. If Richard was prepared to meet and to brief me about the impotency clinic project, then I was prepared to trust them and their judgement. The other factor that greatly influenced our decision to embark upon this vague and somewhat flaky sounding adventure was that we were flat broke!

## The Beginning of Our Journey

In 1978, shortly following my father's death and my son's birth, Jane and I started out on what was to be the defining period of our life together. We sold our house and left our hometown, families, work and everything that we had grown up regarding as security and moved into a spiritually based community house where we shared "all things in common" with several other families and a number of singles. The perceived strength and common bond of the community soon attracted the neediest people in society, looking for help; drug addicts, alcoholics, mentally unstable, stereotypical "tramps" and other homeless people, some recently discharged from

prison – the ‘poor and the needy’. By the mid 80’s, we were trained and experienced counsellors; our work responsible for opening and managing a rehabilitation project that saw many of these seriously displaced and disadvantaged people take their place in society. We were not, however, sufficiently street-wise nor were we sufficiently self-aware to prevent burnout. The intensity of the work took its toll on us personally and by the late 80’s, working without any regular funding or financial support other than charitable donations, we were poorer than those we had been trying to help and probably just as needy. Emotionally and spiritually I was broken, and if it had not been for the love and unfailing support of my beautiful wife Jane, our family and our health could have been irrevocably damaged. Disillusioned, we moved to North Wales to seek anonymity and to quietly rebuild our family life on some kind of normality. We were carrying an inner “call” – a vocation; our destiny – but we needed to rebuild our lives and concentrate on the well-being and happiness of our own family.

## **An Open Door**

It was against this backdrop that one day, a few years later, the telephone rang and Richard explained to me that he had been engaged by a group of eminent medical doctors and business entrepreneurs to help in the setting up of a medical clinic in the USA that would treat men for impotence. They were now at the next stage of development and the need was for someone to be responsible for recruiting and training counsellors in America who would be able to work with the patients who were undergoing treatment for their sexual dysfunction. My name had been mentioned as someone able and experienced enough in counselling, and known sufficiently by the group as being trustworthy, spiritually minded and ethical in approach. I was asked to go to the States to take on this temporary assignment, which would likely take around six weeks to complete. There was a fee involved and this was sufficient incentive to persuade Jane and me that this was an invitation that I should not turn down!

In 1991, there were few treatment options available for men who suffered from sexual problems, and even fewer for women. In those days, only sixteen years ago, individual men, women or

couples usually suffered in silence. It had become the normal expectation that at about the age of fifty to fifty five, their sex drive would wane with resultant loss of erections, and that the couple would simply “hang up their boots” and their sex life would cease completely. It was a startling discovery in the very late 1980’s when a surgeon, conducting a heart operation on a patient by injecting his smooth muscle around his heart with a prostaglandin, observed that his patient achieved a hard erection - and this while the patient was under general anaesthetic! As a consequence, “penile injection therapy” using prostaglandin became a breakthrough treatment for impotence (as the absence of an erection was called then) or erectile dysfunction as it is referred to in these more politically correct days. While penile injections were not immediately a palatable prospect, the results were quite remarkable with men, some of whom had been impotent for years, able to achieve full erections only minutes after self injecting their penis with prostaglandin irrespective of whether they were actually feeling in a sexual mood or whether they were doing the Times crossword! This so-called medical “breakthrough” treatment was the basis for the impotency clinic in the States and the eventual rush of other similar clinics that opened up around the world.

My six-week trip to the States lasted for almost three years. For over a year of this time, my wife and children lived with me in Florida but for the majority of the time I was virtually commuting back and forth between Britain and the States. I was able to recruit and train the necessary counsellors for the main work of instructing the patients in the procedure of self-injecting with the prostaglandin and warning them about any dangers, side effects and, most importantly, how to involve their wife or partner and how to restart intimacy in a relationship which had been sexually arid for some time.

### **Psychogenic Sexual Problems**

What was causing me some frustration, however, was the increasing number of men, and some couples, who presented at the clinic with sexual dysfunctions which were equally damaging to self esteem and to sexual relationships but were the effects of emotional, relational, mental and spiritual causes as distinct from the purely

organic impotence for which penile injection therapy, or testosterone replacement therapy (a later innovation), was the appropriate treatment. The medical doctors at that time justified the prescription of penile injection therapy, even for conditions such as premature or inhibited ejaculation, as being a “kick start” strategy; enabling a man to retain his erection after ejaculating early. This reasoning had some validity in the 1990’s, even though such approach did nothing to treat causes; merely treating symptoms. What I find distressing, however, is that even in today’s so called medically and technically “advanced” world, doctors and even therapists still justify treating symptoms rather than causes through medications such as ‘little blue pills’ and other oral medications even when the presenting complaint is clearly unrelated to erection difficulties and even when the causes are clearly psychogenic rather than physiological. Such prescribing may be convenient for overworked medical doctors and their surgeries, but this abdication to pills, potions and mechanical devices leaves patients and their partners insecure about their own sexuality and self worth and, worse, dependent upon their next visit to the doctor’s office while they reconcile themselves to being somehow damaged, faulty or just plain inadequate as a sexual human being.

It is perhaps too easy simply to criticise the medical profession for prescribing medications inappropriately while implying that psychogenic sexual problems, having their roots in emotional, mental or spiritual origins should be treated therapeutically. After all, many of the patients who presented at the clinic had already received extensive talk therapy in the form of relationship counselling or traditional sex therapy based on a set of desensitisation exercises which a couple could do together, or a man could do alone during masturbation. This type of talk therapy has obvious limitations, especially in cases either of couples who experience a lot of stress and tension around the whole subject of sex due to repeated negative past experiences or, particularly, for single men or women who are suffering so greatly from their sexual anxieties and dysfunctions that they now lack the confidence to enter into relationships at all due to the fear of encountering the sexual problem when the relationship becomes intimate. They find themselves in a ‘catch-22’ situation where they can only fully resolve

the cause of the problems by overcoming the anxieties associated with being intimate with an actual partner; yet are unable to do so because those same anxieties prevent the patient from finding a partner with whom they can experience intimacy.

## **Sexual Surrogates**

“Do you use surrogates in your treatment programme?” At first, when enquiries came in by telephone to our clinic, I would dismiss the question assuming that the person on the other end of the phone was a time waster or that our clinic was simply ‘above that sort of thing’. Over a period of time more and more calls of this type happened and I slowly began to take notice. What were surrogates? How did surrogates work and, most importantly, how did they fit into an ethical programme for treating psychogenic sexual dysfunction? I had vaguely heard about surrogate partners somewhere in studying and researching sex therapy approaches. Masters and Johnson, the sex therapy institute that broke the taboos that kept the very mention of sexual problems silent until the late 1960’s, had pioneered the use of ‘sex surrogates’ in their Sensate Focus treatment programme and wrote about their findings in *Human Sexuality (Masters/Johnson/Kolodny 1995 Publ. Longman Inc.)*, the gold-standard training manual for sex therapists all around the world. Dr. Bernie Zilbergeld also wrote about the features of sexual surrogates in his classic *The New Male Sexuality (Bantam Books 1992)*. Dr. Martin Cole similarly documented his work with sexual surrogates in Britain in his book *Sex Therapy in Britain (Open University Press)* written with Windy Dryden as far back as 1988. All these accounts were helpful, but they only documented facts, and cautions. The books were academic and defensive. It was discovering *Women of the Light – the New Sexual Healers (Kenneth Ray Stubbs; Secret Garden US 1994)* that brought Sexual Surrogacy to life for me. Reading the words of Barbara Roberts, one of the first sex surrogates in California and now something of an icon of sex surrogates; who more than anyone else blazed a trail through sexual prejudice and repression in America in the 1970’s and 80’s with her pioneering work as a surrogate, sparked something very deep with me. This was the beginning of a journey leading to my wife and I meeting, being personally trained by and establishing a deep and

lasting personal and professional relationship with Vena Blanchard, the now President of the International Professional Surrogates Association; who herself was trained by Barbara Roberts and became a surrogate when she was only twenty one years old and who is still in practice today.

### **Returning to the UK**

It was in 1993 that I returned to the UK. Jane and the children had left for England in May and I came home in the autumn of that year. The work in the States was, to all intents and purposes, finished. I was no longer needed by the clinic in Florida as the counsellors were now up and running and the medical treatments were being administered by the medical staff. I flew home to a loving family and an awaiting pile of bills. The future was unknown. Within a few months, together with an extraordinary medical doctor, we had opened a private medical clinic in Chelsea, London. These were pre 'wonder drug' days and penile injection therapy was still the state-of-the-art medical treatment for erectile dysfunction. Being London based, Jane and I were now in a position to work directly within the clinic and together we took on the counselling of patients personally. This meant that we were able to help a broader range of patients who presented themselves at the clinic by referring the patients with organic impotence to the clinic doctor for medical treatments while taking on those patients suffering from psychogenic sexual problems personally and helping them initially through our transpersonal approach to counselling. Before long, we began piloting our own Sexual Healing Programme based on the IPSA model but with our own infusion of spirituality and out of the experience of thirty years of married life together. Our next challenge was to train our first surrogate partners. We watched in amazement as one client after another discovered their sexual confidence and left behind their sexual dysfunction as they were led, step by step, through our steadily evolving programme of sexual healing which included the intimacy practices with a surrogate partner.

## **Birth of The School of ICASA**

For the next five years, we tested and honed our Sexual Healing Programme and discovered the complexities, idiosyncrasies, nuances, dangers, joys and miracles that are inherent within the experience of Surrogate Partner Therapy.

Martin Cole, the UK surrogate therapy pioneer during the 1970's and who's Institute for Sex Education and Research in Birmingham was the sole exponent of this work in the UK, was trying to retire but could find no work of this ilk to continue if he stopped. In 1994, Martin contacted me and told me how pleased and surprised he was to learn of our embryonic work of Surrogate Partner Therapy. Within a short time spent making what has evolved into a good and helpful professional relationship, Martin handed the torch to us and with it the responsibility for the next stage of its journey towards lighting the bigger flame. I will always be grateful to Martin Cole for his advice and his calm assurance, especially at times when I felt that there was nobody to turn to who understood the true nature of this work.

## **Media Attacks**

In the mid ninety's, we withstood the onslaught of a sexually repressed and hypocritical national newspaper industry, and reeled under the pain of their perverse insults. Of me, the tabloids announced: "Preaching To The Perverted"! Of my wife Jane: "Boggle Eyed Tart"! Of our first surrogate partner: "Whore"! Our family were hurt and angry, but it was mainly their love and support that gave us strength as we both searched deep within our souls to know whether to continue the work or to give in. Clients and colleagues in this country and in the States also rallied to support us. We had to decide whether to go on or give up.

After a dark and lonely period of introspection, we decided that we were to learn from the wave of media attack and not to allow it to divert our commitment from completing what we were building. We learnt from the aspects of perception that had elements of truth in them and, as a consequence, we strengthened our infra-structure and protocols to ensure greater safeguards for staff and clients. We

deepened and improved our training and health screening of clients and partners. Looking back now, the media actually did us a lot of good while I am certain that they wished us only harm.

It was time to “come out of the closet” and to make our treatment programme more accessible to those who needed this approach to sexual therapy. Over the past five years our programme had helped almost two hundred people; most of whom could not have been as effectively helped by any other treatment method. We were, and still are for many people, a “last chance saloon” as other treatment approaches have already been tried, with little effect, before our door is knocked. I felt that our work needed an identity. Up till now, clients who were referred to us simply heard of the “clinic that practises Surrogate Partner Therapy”. But by now the internet age was just dawning; to make our work accessible, we needed a website. We had everything except a name.

Riding up the escalator on the London Underground, I experienced a strange sense of quietness come over me. It was as though the volume of the noise around me in that busy station was turned right down so that I couldn’t hear anything at all with my physical ears. I could see the people; watch them standing, talking; laughing with one another – but there was no sound. From deep within me, came a still, small voice. I could say it was almost audible, except it wasn’t. It was a silent voice, but as clear as any voice that I have ever heard before. “ICASA” it whispered; “ICASA”.....”Inward Confidence And Sensual Awareness”.....”ICASA”....”The School of ICASA”..... I rode up and down that escalator several times before the normal sounds around me returned to my physical ears.

In 1998, The School of ICASA, the UK Sexual Healing Centre was established in a large house in a small country hamlet in Bedfordshire. The work that had been conceived over five years previously had now been born.



## Chapter 2:

# Sexuality Without Anxiety

*I would like you to touch me as if your hand were a feather,  
Lightly caressing the edge of my being.*



There are two distinct, contrasting and often conflicting, approaches to sex. One is what I call the “Outside-In” approach while the other, not surprisingly; I call the “Inside-Out” approach.

### “Outside-in”

The first, the “Outside-In”, is the approach that many if not most people (especially male) in our modern culture associate with sex. This approach tells us that sex is about two bodies doing something together (usually a man doing something to a woman) and that, so long as those bodies function satisfactorily - usually meaning that the man gets and keeps an erection long enough for either he or she to have an orgasm or, more typically, long enough for him to ejaculate – then they have “had sex” and everything is fine. That is, until the next time...

The “Outside-In” approach considers that sex is a force – a power of some kind – “out there”; outside of one’s self and that the knack involved in “good sex” is to use these external means to stimulate sexual arousal and to hope that it will be strong enough to induce erections or lubrication or whatever else is perceived to be required to have counted as “successful”. The man (or woman, but usually man) who thinks like this is often using intricate mental acrobatics either to manipulate his partner’s visual image into being an instrument of sexual stimulation or, worse, he is using his mind to privately visualise fantasy scenes that bear no relation to where he and his partner are at that moment, nor any relation to what it is that they are actually doing and sharing together. In addition to this frenetic mind play there also exists, for many men and women, worry, self-doubt and anxieties of many varieties, most of which are

attached to a belief that they will not achieve some physical criteria against which success or failure in the bedroom is assessed.

This is the strategy of the harsh and cruel judge who has infiltrated the collective consciousness with the “Outside-In” approach to sex. It has been fed by organised religions that have taught their followers that sex is something that must only be engaged in when there is an end product involved (procreation) to justify the sexual act. Literalist interpretations of the creation stories in scripture depicting Adam and Eve as literal man and woman eating a literal apple and wearing fig leaves around their ‘private parts’ in order to cover their genitals have gone even further to portray sex as simply something physical done through the contact of genitals – and ideally something to be avoided if ambitions of going to heaven are to be cherished.

The flames of the “Outside-In” fire have been further fanned through adolescent masturbation practice where sexual stimulation is usually practised with one hand applied to one physical organ while the mind is elsewhere fantasising or engrossed in erotic literature, or in more recent times, watching pornography on a computer or television screen. The “Outside-In” doctrine has then been meticulously modelled by the pornography industry which has become the only sex education that some men have experienced, or at least, concerned itself with the logistics of sex rather than issues regarding procreation, biology and the desirability of using condoms to prevent contracting the HIV virus. Pornography is, of course, the god of the “Outside-In” religion. These comments are not intended to be a reflection of a moral stance or position; simply a commentary on what has become accepted as the normal approach to sexuality in our world in this age.

The fact is that the “Outside-In” approach to sex is a major cause of sexual insecurities, pressure, anxieties and physical dysfunctions. The belief that sexual arousal is dependent upon environmental factors outside yourself reveals a flawed understanding of sex, sexuality and consciousness. It also reveals how little self esteem such ‘believers’ have and how little they know of the great potential to love and be loved that exists within every

human being, without exception. Those who base their sexual relationships or their sexual expectations upon the “Outside-In” formula are building on a shaky foundation. At some stage, it will fail. Erections will fail, early ejaculations (or no ejaculation at all) will occur, anxiety or fear will cause an inability to respond; sexual obsessions born out of desperation, gender confusion, dangerous (or simply bizarre...?!) sexual behaviour.... “Outside-In” devotees change their partner at the slightest whim, believing that they must change that which is external to them in order that they may function successfully. This is one of the reasons for such a high rate of divorce today. Others avoid relationships completely, fearing that they are somehow fundamentally damaged or faulty as sexual human beings because they do not feel that their bodies will work in the “Outside-In” sexual world that they see around them everywhere.

### **“Inside-Out”**

Fortunately, there is a solution. It is called the “Inside-Out” approach to sex. Nothing on the surface appears to change, except that as you shift from one to the other, your entire world changes; your sex life becomes completely and totally transformed. Your relationships improve. Your outlook on life is changed; you view the world differently. You can never really grow old. You will never have a sexual dysfunction again. Fear of intimacy is a thing of the past. There is no such thing as performance anxiety. You will no longer need to seek relationships; they will seek you.

The “Outside-In” approach to sex says that if you get the physical aspects right, you will somehow become fulfilled inside. The problem is that this is rarely, if ever, what happens. The “Inside-Out” approach starts with fulfilment on the inside, and then allows the body to join in at the appropriate stage. The “Outside-In” approach works on the basis of fantasy, while the “Inside-Out” works on the basis of reality.

The “Inside-Out” approach to sex is about becoming aware of feelings within that have a limitless range and are fully accessible through self-awareness. Human beings are not merely a body. Emotions, thoughts and feelings are the signals that communicate

with the body. A physical body does not have a mind of its own; it is dependent upon the ‘soul’ that lives within the body to feed it with information. It is interesting, and slightly humorous (in a mischievous kind of way) to note that men suffering from premature ejaculation will more often than not turn up for their appointments at our clinic early! Men with erection problems will usually think about it for months or years before making an appointment, while men with inhibited ejaculation will commonly discontinue therapy before completion of the programme! Women and men who are “adult virgins” will sometimes back out in the time between deciding to come onto therapy and their appointment schedule actually commencing! This is because our bodies are simply playing out the feelings, thoughts and fears that are going on inside.

To begin to approach sex from the “Inside-Out”, it is vital to learn how to be open about the true and actual feelings that are being experienced before, during and after sex. People too often hide behind masks; a façade, which may present the public face that you wish people would see, but actually keeps the real ‘you’ isolated and anxious. It is a terrible pressure to project the mask of the strong and silent type when, in truth, you are feeling nervous and insecure. It is an equally awful feeling of isolation to play out a role of ‘superstud’ when you have never had a sexual relationship before or when you’re actually afraid that you may ejaculate quickly.

What are you most afraid of in sex? Sharing your feelings with an intimate partner is not a sign of weakness, but a sign of courage. Sharing your feelings will not put a partner off, but will actually mean that your partner has somebody real to make a relationship with.

### **Intimacy – The Gateway to Sexuality**

Most people in our “Outside-In” sexual culture try to achieve passion in their sex lives without first building a safe and solid foundation upon which sexual energy can be fully and naturally experienced. Imagine the frustration involved if you try to light a fire or a Bar-B-Q without first building the fire with the correct type of materials. It takes conscious effort to build the fire; a match or

flame will easily ignite the fire so long as there is sufficient air-flow and so long as the logs, coal or charcoal, have been positioned correctly. The heat that is generated from the fire will then heat a whole room, or cook a meal for a crowd of party-goers. But try to get heat from a fire that has not been built properly and the flames will soon go out – or not even ignite at all! That is what happens to so many couples who try to get to the heat of sex, before first consciously building a foundation through intimacy.

### **Intimacy as a Foundation**

Every single sexual encounter that happens anywhere, anytime involving anybody must always have a foundation of intimacy consciously built before sexual energy can be fully experienced. Without the foundation, the sexual energy will either be short lived or not be released at all with the result that erections will fail, early ejaculations will bring a sudden halt to proceedings or anxieties in one or both partners will create a bad experience and leave one or other feeling diminished. To avoid sexual anxiety, even a ‘one-night-stand’ must involve the conscious building of intimacy if it is to involve sexual activity. Obviously, intimacy will be limited in a short, casual liaison but so long as the conscious effort and necessary steps have been taken to build a foundation of intimacy, then the sexual aspects of the relationship will more likely than not be positive and both partners will leave feeling energised rather than diminished. The truth is that, intimacy will always result in both partners feeling better about themselves – and the other person. Intimacy is the key to eradicating the age-old question “How was it for you?” If you know how to consciously create intimacy, you will never again need to ask that question. You will know how it was for your partner. Intimacy creates connection. Connection is more open and revealing than audible conversation, even from the most truthful of people. “How was it for you?” is the voice of sexual insecurity. It is the mouthpiece for uncertainty. It is the question posed by he (or she) who is uncertain whether they have created a foundation of intimacy upon which it is safe to have a sexual relationship.

## **Natural and Universal Laws**

There are natural laws in this world that apply to everyone without exception. Take the Law of Gravity, for example. It doesn't matter who drops an object from the edge of a table, or throws it into the air, it will fall to the ground. The Law of Gravity will ensure that it lands somewhere solid. You may be rich, or poor; man or woman; old or young; it doesn't matter who you are or where you live, the Law of Gravity will work the same in your life as in the life of another person. There are, similarly, universal laws also. They too work in everyone's lives irrespective of culture, social class, background or even physical health. It is universal law that demands intimacy to underwrite sexuality. It is universal law that permits and allows sexuality when conscious intimacy is present. Conscious intimacy safeguards the weaker of the partners. Conscious intimacy is the ultimate protection from rape or abuse.

When anyone is anxious and tearful, they should run towards intimacy – not away from it - conscious intimacy always decreases, minimises, heals and alleviates anxiety; heals fears. Intimacy never creates fear or anxiety; it calms fear and soothes anxiety. Think of a newborn baby; how anxious it must feel being born into a world of solid matter and noise after being protected in the warmth of a mother's womb. What happens when the baby cries out of need and anxieties? The mother holds the baby and the anxiety decreases.

## **Intimacy Isn't Something You Do**

The reason that intimacy has become associated with anxiety or fear is because the word intimacy has become associated with sex as a physical act. People think that being intimate is something you do. They say that "he was being intimate with her" when they really mean that a couple were having sexual intercourse or "foreplay".

Intimacy isn't something you do; it's not an activity. Intimacy is a state of being; not doing. Intimacy is a level of consciousness that is intuitive as distinct from intellectual. Intimacy is awareness. Intimacy is conscious of feelings that are happening within yourself and can develop into a conduit for the feelings that

are happening to your partner. Intellect is self-conscious – that is, aware of what is happening simply to the physical body and to the external surroundings and environment.

It could be said that intimacy isn't something that you do – it's actually something you are! Fear of intimacy is being afraid to be real; afraid to be you. It is quite common for people to be afraid of failure, but fear of intimacy is actually being afraid of success. To be able to be yourself, without masks or defences, is to be happy. Fear of intimacy is really a fear of being happy. To be open and undefended with a lover – to be fully known and accepted - is to be truly loved; fear of intimacy is really fear of love.

Just think how wonderful it must be to simply be *you* in a relationship. No pretending; no defending; no masquerading. No need to perform; no demand; no need to prove yourself. No need to achieve anything; no uncertainty about how your partner feels; no worry about so-called dysfunction. How happy you would feel; how free from fear and anxiety. This is the effect of the art of conscious intimacy. Building a foundation of intimacy is an art. It isn't a skill as such although once learnt, it can be practised, honed and perfected. It can't be described as a skill because everybody can be intimate whereas a skill is selective. Everyone can be intimate because intimacy is our true state. Our physical bodies change constantly and ultimately die, but our real essence is intimate. Our deepest longing from the moment we are born is for love and intimacy because we are sparks of love and intimacy which happen to live in a physical body for the duration of this lifetime on earth. We long to experience intimacy because we long to realise who we actually are; in experiencing intimacy we are able to realise more of the true Self.

### **But How?**

It is a well-worn definition of insanity as “doing the same things but expecting a different result.” To experience the new, limitless world of “Inside-Out” sexuality beginning by consciously discovering your birthright of intimacy you will need to make some changes. I call these changes ‘shifts’. You will need to make shifts

in your mind if you are to open doors within yourself that help you to access emotions, body feelings and awareness of levels of pleasure that have been thus far alluding you. Your mind is the seat of your real self. I do not simply mean the physical organ of the brain, which is little more than a hard drive that collects and translates some of your thoughts into language suitable for concrete tasks in a concrete world. Your mind is connected to the Universal Mind. It is capable of being intuitive and self-aware. The rational, analytical intellect may be one of man's greatest strengths in work or professional life, but at the same time, it is probably the greatest weakness in intimacy and in sexual relationships. Making a shift from the highly developed intellect to the often under-used intuitive consciousness is the beginning of the journey to transformation.



## Chapter 3:

# The Heart of Matter

*I would like you to touch me as if you were erasing the outer me,  
allowing me to reveal my inner self to you.*



To open up the ‘Gateway’ to sexuality without anxiety which is within everyone without exception; to make the shift from a mere pornographic model of “Outside-In” sex to an intimacy based “Inside-Out” experience of infinite possibilities, individuals are required to make some changes. If they are perfectly happy with their sex life, this chapter - indeed this book - is not for them. Why fix something that isn’t broken? Many people are already sufficiently self-aware and able to consciously build a stable foundation as a basis for sexual energy to be released and experienced as a shared union of two bodies and minds. For those people, sex will be a happy experience that results in both partners feeling better about themselves and about their partner. Their sexual relationship will alleviate tension, stress or anxieties and create pleasure and a sense of calmness that is almost beyond understanding. For those fortunate people, their sexuality takes them to depths of feelings that can be articulated only in the ‘language of love’, which are the sounds and sighs of sexual energy. Orgasm for these couples is a full bodied ecstatic experience of timelessness and quietness of thoughts as distinct from a purely fleeting genital release; a lasting experience that issues from a level of consciousness that has long since removed the lover’s mind from worries regarding erections or ejaculation dysfunctions. Such physical phenomena as sexual dysfunctions dissolve as the sexual person enters ever deeper into the ocean of union that is experienced during intimate sexuality approached from the “Inside-Out”.

For some, however, their experience of sexual relationships – or lack of experience – may be due to memories or feelings of a far less rich sensation. Sex for some may be a veritable nightmare of

perceived demand and worry. Some suffer physical symptoms of sweaty palms or facial flushing caused by stress and anxiety associated with performance anxiety. Panic attacks may occur during sex, or even when contemplating it. It is common not only for women, but men also, to experience pain during sex. Physical and mental illness, suffering and disease can all be an effect of sex when the participants are attached either knowingly, or unknowingly, to the common “Outside-In” philosophy.

It seems incredible that two such contrasting experiences resulting from an apparently single aspect of human life can both be described almost on the same page; yet in this dichotomy is revealed the contrast of consciousness underlying the two different worlds that are being simultaneously lived on the one planet by this current human race every moment of every day. The perceived separation, even enmity, between the genders and much of the infighting and wars within and between the organised religions have their invisible origins in this unconscious chasm between the “Outside-In” and “Inside-Out” sexuality.

### **Shifts That Are Needed**

Transformation starts in the mind. The old saying that “sex is in the mind” is nowhere truer than at this starting point. Unfortunately, as with most old sayings it has been misinterpreted to suggest that sex becomes sexier if the mind is active with sexual fantasy. This is sadly not true. In fact, most fantasies are being entertained by the minds of men and women who are deeply insecure about their natural ability to become sexually aroused without such mind games. Fantasies, while having their useful function when shared mutually within a sexual relationship, are usually nothing more than illusions, or delusions, screened within a distracted, busy brain. The result of this misconception of sex being “in the mind” is that two bodies may be in the same bed together, while their minds are on separate planets! Tragically, even some respected sex therapists and certainly many medical doctors, will recommend fantasy and pornography as the prescribed treatment for couples suffering from a problematic sex life.

The shifts in the mind that really do open new doors within, bringing new possibilities and potentials, rather than further strengthening the already overworked imagination through pornographic modelling of unrealistic sex are:

- ❖ From “Outside-In” to “Inside-Out”;
- ❖ From “Doing” to “Being”
- ❖ From “Technique” to “Trust”

## **Where to Begin**

This book is not simply another “How To” book on sexuality. I fully appreciate that readers need to complete their reading of this book with a greater understanding of how to improve their lives but I must emphasise that this is not a self-improvement book. Such books are planned to follow this one. This book is primarily intended for doctors, therapists, psychologists, psychiatrists, psychotherapists, cognitive and other counsellors, psychosexual counsellors, physical therapists, suffering partners of sexually dysfunctional men or women, sexually dysfunctional couples, worried relatives of sexually depressed sons daughters or siblings, professional and volunteer carers, sex workers, desperate pornography actors or actresses. In fact, this book is written for anyone who cares for themselves or for others and it is written to raise awareness. Sexuality can be found at the root cause of much human suffering and sexuality can be found at the core of much human joy and happiness. The shifts outlined above are a real and tangible journey that can be taken by anyone regardless of background, culture or current circumstances (including the circumstances of physical health), who is cognitive and fully willing to change their sexual experience.

Before other shifts can be taken there is a pre-requisite: a shift that enables other shifts. It is a shift to the spiritual dimension, or ‘numinous’. Most medical and therapeutic approaches are based on treating the physical, mental or emotional aspects and functions of

the patient. The patient presents to the therapist with a problem that is diagnosed, analysed and an appropriate treatment prescribed to minimise its effects. Treating sexual anxieties and dysfunctions of a psychogenic nature often requires an approach from a different starting point. Surrogate Partner Therapy as practiced through a structured sexual healing module such as that practiced by The School of ICASA or the International Professional Surrogates Association does not begin with a problem. Sexual healing begins with a human being who is perceived as already healed.

From a numinous perspective the patient, or client, does not have a problem; he or she has an error, or misunderstanding of perception. Our client is already whole and perfectly able to have fulfilling sexual relationships but it is as though they are walking through life with half a dozen or so overcoats on – and that, during a heat wave! The work of sexual healing, often with the help of Surrogate Partner Therapy, is to help them to remove one overcoat at a time until they are no longer covering over their inherent potential of healthy and happy sexuality. Nakedness does not start with nudity; it starts by uncovering the soul. Sexual relationships do not thrive on trying harder or doing it better, but by letting go.

### **The Numinous**

This word, which was brought somewhat to prominence by Dr. C. J. Jung, simply means ‘spiritual dimension’. It is derived from the word ‘numen’ which means spirit. The ICASA Surrogate Partner therapeutic module, so effective in treating psychogenic sexual problems of diverse physical manifestations could best be described as Transpersonal Sexual Therapy. Such an approach has psychotherapeutic, psychological and physical effects but is treated from a numinous base. In other words, transpersonal sexual therapy aims to help the client to perceive their existence, and the nature of the universe, differently. They see themselves as a separated, isolated individual battling to survive within a malevolent world. The ultimate effect of their experience of ICASA Surrogate Partner Therapy will be that they will have shifted their perception – or raised their consciousness – to a level where they see the true self as being connected with the ultimate energy of Love Itself. Moreover,

that the world is a place where they can discover what it is like to experience fully that energy of intimacy and love with a partner. Intimacy is an exceptionally effective medium for the complex range of feelings, emotional and body feelings, to be realised. Repressed emotions and body feelings that have been pushed down into the deep unconscious will emerge to the level of consciousness during the step-by-step process. As a consequence the client will be able to make further shifts and with help, exercises and advice will find that such repressive causes and effects can be eradicated rather than pushed back down inside again only to emerge at a later date and time. The wisdom involved in the eclectically and esoterically constructed sexual healing model is such that whoever knocks on my office door; male or female, old or young, white black coloured or yellow; whatever religious background or none and whatever the presenting sexual complaint, I have confidence that the client will be able to be healed.

### **Not Religion**

It should be clearly stated by the writer and understood by the reader that I am not referring in any way to a religion. Similarly, I am not intimating in any way that The School of ICASA, the International Professional Surrogates Association or any professional therapist, doctor or consultant, mentor or surrogate partner, member of staff or anyone else connected with The School of ICASA is corporately associated with an organised religion. Neither is the Sexual Healing Programme specifically practiced at The School of ICASA nor Surrogate Partner Therapy as generally and diversely practiced throughout the world associated with any organised religion. The term numinous is not being used to describe any religious creed, dogma or religious practice. No, no, no. Religions have spent millennia warning their followers of the perils of sex and creating enough sexual repression in the collective consciousness to last for further millennia. According to organised religions there must be so many trillions of souls in 'eternal hellfire' because they dared to think sexual thoughts or engage in sexual relations outside marriage. How many men are now languishing in 'lakes of burning

sulphur' because they masturbated as adolescents I simply dread to think!

I apologise if this last paragraph sounds to be overly defensive. I simply want to make a distinction between spirituality and religion and to not be misunderstood on this particular point. Having somewhat laboured the dissociation of The School of ICASA with organised religion; I would hasten to add that neither I, nor any parts of our organisation, or our associates are against organised religions. In fact, I am an ordained Interfaith Minister. I value the diversity of religious practices as being a necessary educational training ground in discipline and a way in which discoveries of spirituality in the infancy of an individual's life journey can potentially be encouraged and made relevant to a particular culture or background. The spiritual, mystical essence of all the world faiths is saying the same thing; that there is One Truth, but many ways to realising that Truth. The religions polarise when one insists that they have the whole truth which happens to be written and translated in their particular language and understanding and that every other religion has got it wrong. This has largely come about due to literalist interpretations of sacred scriptures rather than through finding the life-changing gems waiting to be discovered through digging and searching for the diamonds in the symbolism, metaphor and mystery hidden in the multifarious layers of understanding beneath the literal meaning of the words themselves.

What I do positively advocate is the value of direct experience of the numinous dimension which is to be discovered within the individual, the universe of which we are only partially conscious and within a cosmos which paradoxically has a reputation for chaos but which has perfect order and universal laws working for the good and the happiness of everyone who arranges, or re-arranges their life to be in the 'flow' of them.

## **Terminology**

Recent studies undertaken by the British Council for Churches reveal that approximately 60% of people in the United Kingdom regard themselves as spiritual but do not regularly take part

in traditional religion. These are not all hippies or ‘New-Agers’. Men, women and children of all ages and types feel that there is a dimension to their life that holds solutions to the actual day-to-day life experiences that they face, especially in areas of their lives such as relationships. Let’s face it; neither sex nor intimate relationships are ever going to be an intellectual activity! Unless people learn how to access their intuition - their sense of awareness – and become comfortable with the more spiritual aspects of their life they will be forever wondering why they can be successful in so many parts of their life but remain unsuccessful in the bedroom.

In order to help clients through this transforming process, and to communicate effectively in a way that can be received, we rarely use the word God in conversation with a client unless he or she already has a personal understanding that makes that term acceptable. We may use terms such as ‘Divine’ or ‘Source’ to describe a resource of numinous energy that can be drawn upon by an individual. A lot of clients with sexual anxieties, especially fear of intimacy, have an unrealistic perception of love. We may refer, in such cases, to the ‘Source of Love Itself’ to illustrate that romantic love is one experience of love but that it is far greater than that one aspect of its totality.

There is no ‘ICASA doctrine’; we do not preach or teach spiritual dogma. Transpersonal therapy deals with consciousness, which is part of the numinous. Raising consciousness above the level of fear or worry about the body releases that body to respond in ways that usually amaze clients.

This is not weird; neither is it surprising. It is not even supernatural. Treating the whole person as distinct from treating the effects, or symptoms, of the problems is simply helping the client to return to their natural state.

The cure is not miraculous. It is expected.





## Society's Adolescence

*I would like you to touch me as if your hands were healing hands,  
radiating love energy with every stroke.  
Feel the energy penetrating through skin, through flesh, entering  
into the cells of my body.*



Lurking beneath the veneer of a confident sexual culture in our society, there is widespread and deep sexual insecurity. It eats away at the emotional, mental and physical health of individuals and erodes relationships on a daily basis. For those who suffer its disabling affects, life is reduced to a daily battle with anxiety. Yet despite the severity of these sexual problems quietly endured by masses, sexual insecurities, dysfunctions and anxieties are largely kept secret. They are not recognised as permissible, or acceptable anxieties, and are rarely treated holistically. Since the dawning of the 'little blue pill' era it has become commonplace for doctors to prescribe the 'wonder drug' or one of its fast expanding family for virtually any and all sexual problems that are presented at the general practice. In some cases this is helpful and appropriate but in many cases is not, and in such cases more harm than good is done in the longer run by re-enforcing a view suspected by the patient that something is physically wrong rather than offering the patient hope that he, or she, has every right to look for and expect a natural resolution to the difficulties being experienced. What are these anxieties? What are the attending dysfunctions? How do they affect individuals? How do the insecurities arise? How do they affect relationships? How are they affecting our society?

Most psychogenic sexual problems can be traced back to some form of sexual repression. During infancy and childhood the need of that child is for intimacy. The deepest longing in the human heart is for love and acceptance. When a soul is born into a body, it is unconditioned to this world. It has spent a number of months in the womb of its mother and, in most cases, has experienced warmth

and acceptance there.\* As a baby, needs of love and nurture in the form of food and drink are met and, ideally, so are the greater needs of touch and love, both of which contribute hugely to the emotional and mental development of the baby. As a toddler, who looks across a room from inside the crib and intuits “I could get across that room if only I could get out of this thing!” the need is for encouragement and help from its parents. When the toddler falls in mid flight across the same room and experiences fear, maybe for the first time, the need is for re-assurance and tenderness in the warm embrace of a loving parent. As a child, the need is more often than not, the knowledge of being loved despite the testing of that love through rebellious and naughty behaviour. Once again it is touch, warmth, tenderness that creates body feelings of unconditional love which is ultimately the human being’s greatest longing throughout the entire earthly life experience. Body feelings are actually thoughts and memories, which have been translated into emotions and judgements, which in turn, become sensations in the form of actual feelings that are stored in various parts of the body and return when triggered by circumstances that are associated with their genesis.

As the years go by, these associations become more and more diverse and may eventually have nothing directly to do with the original experience (for example, falling and feeling fear for the first time).

The causal and determining factor, however, that triggers the stored body feeling is not actually what happened in response to the original event but the individual’s judgement at the time of the event and the development of that judgmental process as the child grows into an adult.

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\* The answer to the question of how many months are spent in the womb as a conscious being, or indeed whether consciousness is present at all prior to physical birth remains a mystery and the personal conclusion is dependent upon individual research and belief.

What happened when I was hungry? What happened when I was afraid? What happened when I was naughty? Was I punished, or was I loved? How did I receive instruction, correction as distinct from punishment? How did I know that I was loved?

By touch and through the eyes. Did the parental touch produce body feelings of acceptance and healing balm, or the impact of rebuke and shame? Did the eyes reveal the face of love and forgiveness or the critical gaze of condemnation?

### **Adolescence**

By the time that the child has reached adolescence, he has largely worked out how to judge his worth. He\* has judged what he can do and receive love and acceptance in return, and he has also judged what he must avoid doing in order to avoid the awful feelings of separation from that love and the sinking feelings of condemnation and guilt.

Now he is eleven or twelve years old (much younger in many cases) and suddenly having spontaneous erections, wet dreams and sexual thoughts! He has experimented and found masturbation to be a mixed blessing of incredibly strong, pleasurable feelings and horribly conflicting feelings of guilt and lonely isolation following the ecstasy.

What now, in his quest to know that he is loved? How now, should he judge himself? Am I still worthy of love and acceptance, or deserving only of being cast away from all that is decent and the right use of body and mind? What would my source of love and acceptance and bearer of all knowledge and approval (parents) think if they only knew what took place in my mind and in my bedroom or bathroom? Would I be able to look into their eyes and receive the acceptance I so desperately need at this stage of my life? Or should I hide my real self from them to avoid knowing the truth? He observes his parents' reactions as sexual scenes or innuendo of any degree are played out on the television. Do they sit, watch and act normally or do they rush to turn to another channel out of fear or embarrassment? He becomes the rapt audience of any and every newspaper headline or magazine article that in any way has even a word or two of a sexual nature in it. Can I find some small

indication in this comic or magazine that will give me a clue as to whether I am acceptable or condemned as a sexual being? He is frozen with fear, disguised as bravado, as he attends his first sex education class at school. He blanks out the actual content of services at church for fear that the priest will confirm his worst fears...that God is against him for having this sexual...thing!

He may even subconsciously flirt with his mother and try out his manliness through testing the parameters of tolerance in sexual humour or banter with his father. He may attempt to win a sneak preview of the female form by raiding his sister's underwear drawer or bursting unannounced into the bathroom while she is soaking in the bath. The adolescent is in desperate need of acceptance. Ultimately, he is looking for self-acceptance. If he has any spiritual feeling or religious upbringing, he will also be looking for God's acceptance. Where else can he look in order to collect sufficient evidence to judge himself as normal but to his parents, older siblings, teachers and ministers; certainly not from his peers, nor from the media that he is captive to for a large proportion of his leisure time.

He may be able to normalise his sexuality through observing his parents behaving normally in the event of sexual expression on television and by watching them express their feelings towards each other openly and by being able to tolerate sexual conversation without extreme embarrassment. In the event of the adolescent testing out his sexual curiosity within the family before testing it outside the family, it is helpful if the clumsy behaviour is recognised for what it is and 'normal service resumed as soon as possible' rather than 'trial by ordeal' conducted by outraged and offended parents or siblings.

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The pronoun "he" is being used when referring to a baby, child, adolescent, adult, client or patient that could equally refer to a boy or girl, man or woman. The use of the masculine gender "he" is not intended to be sexist or to minimise the suffering, or the equal needs of women in the context of this subject.

## **Sexual Isolation**

If he is not able to judge, in his own mind, that his sexuality is acceptable he will still have his wet dreams, erections, sexual thoughts and masturbation but he will be forced to experience these phenomena in secret and in a sort of 'sexual isolation'. Reasons for this inability to normalise sexuality through the natural observance and interaction within the home environment are many and diverse. The most common and typical reasons for the adolescent being unable to feel that he can 'go up the road' of open-ness within the home in the pursuit of sexual self acceptance, however, are taboos (sexual and religious), self consciousness in parents (social background and cultural conditioning), the separation of parents from the adolescent (for example, through divorce or death of a parent) and the separation of the adolescent from the parents (for example, through being sent to boarding school for extensive periods of the adolescent years). In fewer cases these days, but still a powerfully negative factor in creating sexual insecurity and isolation is the teaching and preaching of church or religious leaders and mentors. These ministers may, albeit unwittingly, project their own insecurities (or those of their religious teachers through books they have read from authors of previous generations) upon their congregation, particularly their young followers. This type of negative 'hellfire and damnation' teaching connected in any way to sexuality, usually a result of purely literalist interpretations of very few verses conveniently found within religious texts, can have a deep and lasting impression creating severe repression within a young mind. This influence can sometimes prove irreparable other than by transpersonal therapy (spiritually inflicted wounds most often require spiritual healing). In the state of self-examination and suspended sentence he will be gathering the evidence, as it appears to stack up against him. He will have far more questions than answers; uncertainty of what is right and wrong. He will be unsure about what might be expected of him in a sexual relationship; he perceives a lack of knowledge, or has gathered knowledge from unreliable sources (particularly school-friends and pornography).

When the adolescent who has grown up in a sexually isolated environment has his first sexual experience, he may never have seen an unclothed female above the knees. He will have far

more questions than answers in his mind. What is expected of me? Should I really be doing this? What is she thinking? Am I doing it right? With all this tension and negative thinking on his mind, his sexual body stands a good chance of letting him down. A penis can be very disobedient when the brain is sending desperate signals to it. With the nervous system on overload, the chances of premature ejaculation happening are very great.

Most young boys experience sexual dysfunction early in their sexual life. Many young girls back out altogether at the last moment, through fear of potential pain or their inability to respond. The young person who has found self acceptance through a level of sexual acceptance within the home and family bond will respond to any early sexual fumbling or dysfunction with mild embarrassment and possibly even a little humour directed in his own direction. On the other hand, the young person who has been brought up in a sexually isolated environment is more likely to react in an introspective, self critical way and to compound a growing sense of self judgement that he is simply not good enough or that something is wrong with him.

### **Tried and Found Guilty**

The sentencing is harsh. This young person is sentenced to a lifetime of loneliness, being found guilty of not being worthy of love due to his thoughts and need of sex. He may escape that worst of sentences but, instead, will be sentenced to always finding difficulties in 'satisfying a partner'. Therefore, he must settle for less than happiness and endure hard labour in the form of trying too hard to please. He may plead mitigation and swear to become perfect in order to atone for being such a faulty specimen of human being, but will as a consequence, need to accept that this will always prove impossible in reality and therefore he must pay the price in always feeling inadequate before, during and after sex. He will determine to 'try harder to improve' next time. Naturally, the additional pressure on the nervous system and the mental gymnastics that go with trying too hard simply puts even more pressure on the nervous system than was there the first time he tried to have sex. Result: more dysfunction. Judgement: "I'm an even worse person than I thought. Something is wrong with me. I'm not normal". He may project

these judgements onto his body, creating an obsession to work out in the gym so that he covers over his feelings of inadequacy and shame. He may project the unwanted feelings of inadequacy or need to be perfect outward and insist on unrealistically high standards of physical attractiveness from his partner, or he may remain isolated and socially passive, content to imagine this perfect fantasy figure coming into his life in the ‘sweet bye and bye’ but never having the confidence to do anything about finding her.

His obsessive thoughts, based on self-judgements having no basis in truth are:

- ❖ “I’M NOT GOOD ENOUGH”
- ❖ “I DON’T KNOW ENOUGH”
- ❖ “I DON’T GET HARD ENOUGH”
- ❖ “I DON’T LAST NOT LONG ENOUGH”

You could add to that list the more modern, media fuelled neurosis, “I’m not big enough” and, for women specifically you could add:

- ❖ “I’M NOT ATTRACTIVE ENOUGH”
- ❖ “I’M NOT SEXY ENOUGH”
- ❖ “I DON’T GET WET ENOUGH”
- ❖ “I DON’T PLEASE HIM ENOUGH”

### **Causes of Psychogenic Sexual Dysfunctions**

We call these psychogenic causal issues:

- ❖ PERFORMANCE ANXIETY
- ❖ SEXUAL INSECURITY
- ❖ FEAR OF INTIMACY

Lurking beneath those anxieties and nervous states hide thoughts, feelings and memories of:

- ❖ JUDGEMENT
- ❖ GUILT
- ❖ SHAME
- ❖ CONDEMNATION
- ❖ FEAR

Such states of consciousness are in themselves numinous. They are not easily, if at all, removed by psychological intervention alone. There has not yet been found a pill or potion that removes these pernicious conditions (unless, of course, one includes alcohol or the taking of mind altering drugs which may dull the brain and the nervous system for a short time only after which the conditions return with even greater ferocity).

### **Symptoms or Sexual Dysfunctions**

The common physical sexual dysfunctions that are effects, or symptoms, of these underlying causal factors in men are:

- ❖ Non-Consummation / Sexual Inexperience (Adult 'Virgins')
- ❖ Inability Or Difficulty In Achieving An Erection
- ❖ Inability Or Difficulty Maintaining An Erection
- ❖ Premature Ejaculation
- ❖ Inhibited Ejaculation
- ❖ Gender Disorientation / Confusion

In women, the most common effects are:

- ❖ Non-Consummation / Sexual Inexperience (Adult 'Virgins')
- ❖ Orgasmic Dysfunction
- ❖ Arousal Desire Disorder
- ❖ Painful Sex

### **Is the Condition Curable?**

Treating the symptoms, or effects, without healing the causes is like pasting wallpaper over a cracked wall and hoping that it will stick. Treating effects by prescribing medications, pills and potions when the causes remain unhealed may be actually making the state of consciousness worse, despite the attempts from the drug companies to persuade doctors that they are doing the right thing by 'kick starting' the patient into action! (This is a bit like treating insomnia caused by real anxieties by prescribing sleeping pills

without attending to the anxieties). States such as fear of intimacy cannot be, in any circumstances, treated by prescribing performing enhancing drugs despite countless incidents of this being reported by clients who have subsequently attended our clinic.

“A man or woman who suffers from a fear of mice will, at some stage of their treatment, need to encounter a mouse”. (*Dr. M. Cole and Windy Dryden; Sex Therapy in Britain. Open University Press 1988*).

Some doctors have gone as far as suggesting that sexually inexperienced patients should consider visiting a prostitute but many have, only to be faced with their casual fear of intimacy re-emerging in an environment where intimacy is a rare commodity and the all-damaging “Outside-In” approach to sex is the norm. Susan Quilliam, the respected Agony Aunt and Author of books on sexology (such as *‘Your Sexual Self’; Ward Lock 1997*) answered a letter from a desperate adult virgin sent in to FHM Magazine and which asked the question “Should I Lose It To A Tart?” Her published reply unequivocally warned against such vulnerable men visiting prostitutes and, instead recommended Surrogate Partner Therapy. The medical profession has classified premature ejaculation as untreatable. This is because there has not been a prescription drug that can be prescribed to ‘cure’ the condition, which is a psychogenic sexual dysfunction in 95% of cases. Inhibited ejaculation is notoriously difficult to treat. The character style (or ego identification) of a controlling personality is usually causal to the symptom. This makes change extremely difficult for such people to respond to. Talk therapy alone is almost always ineffective in resolving inhibited ejaculation.

The issues are even more sensitive in treating female sexual insecurities and anxieties. How can lives be reclaimed after such deeply ingrained feelings of self-judgement, self-condemnation, self-hatred and self-loathing have become entrenched in the psyche? By unlearning the errors and discovering intimacy; by becoming an adolescent again. By restoring Paradise.



## Restoring Paradise

*I would like you to touch me as if your hands were fire,  
burning away the dross and leaving only the pure gold of my soul.*



As already discussed, the first cause of psychogenic sexual anxieties and dysfunctions is not environmental or even relational but, rather, internal and individual. This is a shock to the system of most people. Many people suffering from sexual dysfunctions hope that their problems can be fixed with a pill or even by surgery. They genuinely hope that they have something physical wrong with them! This appears to them to be the only viable solution, and what's even more attractive in this self diagnosis is that it puts the responsibility for fixing the problems onto their body and onto the doctors who treat the body and the individual themselves thereby escapes the responsibility of making changes to their own way of seeing, thinking and acting. Unfortunately for some, it is only after a long, hard journey of lessons in the school of hard knocks and disappointment (sometimes coming in the guise of well meaning but overworked medical doctors, or in some cases, unscrupulous and expensive private medical clinics or internet websites claiming unsubstantiated miracle cures), that it slowly begins to dawn on these poor individuals that both the first cause - and the solution - may lie within themselves.

### **Last Chance Saloon**

It is often at this stage of awareness that men or women with psychogenic sexual problems which have resisted all previous treatment options knock at the door of The School of ICASA; their "last chance saloon". The good news when facing the realisation that the first cause of these stubborn sexual problems lies within is that, therefore, so does the solution! Sexual problems may feel like a complete loss of personal control but, in fact, these same sexual problems are usually an invitation for the individual to experience

personal self control for the first time and how it can change their whole life experience.

This is why our therapy programme is called ICASA. It simply stands for '*Inward Confidence And Sensual Awareness*'. I encourage clients to go home after every therapy session, look at themselves in the mirror and say to themselves: "**You** did that... well done...**you** did that". I encourage them to give themselves the credit for improvements and solutions discovered through experience in sessions of ICASA Surrogate Partner Therapy and not to think that the solutions lie in some perceived skills of the surrogate partner; nor are the solutions within the mentor, therapist or even within the therapy programme or process itself. If the clients should continue to look outside themselves for the cure - that is, to the surrogate partner - they may spend the rest of their life trying to replicate the surrogate as a life partner or needing to replicate the environment of the therapy centre as a necessary pre-requisite for intimacy. We can provide the opportunity, the environment, the advice and instruction; even the sexual surrogate partner and the experience of an "inside-out" intimate relationship, but the transformation within individuals will happen because they allow it to. To quote the age-old adage that one can "take the horse to the water, but cannot make the horse drink", this same saying applies to our therapy programme: we can "take healthy sexuality to the client, but we cannot make the client heal himself".

The solution to sexual anxieties, dysfunctions and unhappiness is within every individual. Realising and accepting this fact is the first step to taking real personal control of life and also the first step to curing the problems and eradicating the misery. I am not suggesting that relational, circumstantial or environmental factors are irrelevant or that they do not figure in the myriad of issues that sometimes interweave themselves around and within the sexual lives of men, women and couples. What I am stating, however, is that these interwoven issues are in themselves further effects of the first cause that is within each individual. By merely reacting to, or clinically treating effects rather than dealing with first cause, therapists or medical doctors may be unwittingly creating conditions

for those same effects to re-emerge at some later date and place in an even stronger and more dominant form.

### **The Solutions Are Within**

In helping the client to understand that they are not a problem but, rather, the solution to the problem I will often use the analogy of learning to ride a bike or learning to swim. At first, the youngster will look at the bike or the swimming pool and say to himself “I’m going to fall off that thing!” or “I’m going to drown!” If he is encouraged, taught what to do and so long as the teacher holds him while he goes through the various stages of fear, wobbling, sinking - and maybe panic – he will gradually find an awareness within himself that says “I can do this thing!”. At some point he turns and shouts to his teacher “Let me go, I can DO this thing!” At that stage, he is away and his fears seem a remote and distant illusion. What he will never know was precisely at what stage his teacher was no longer holding him anyway!

The Sexual Healing Programme which we call ICASA, usually integrating the experiential help of a Surrogate Partner, works in a similar fashion, albeit in a totally different and perhaps more emotive and complex arena of life. It is a step-by-step introduction to “Inside-Out” sexuality starting with intimate connection with a partner and journeying through the full range of intimate, sensual and sexual experience. It is a process of unlearning and re-learning; of self-discovery and self-awareness. The man or woman will experience a stress-free, no demand and non-judgemental environment of open-ness and trust based around an intimate relationship of commitment and unconditional love where the risk of rejection is zero. In short, it is like restoring Paradise.

### **Step By Step**

Every step is a learning curve and a potential healing experience in its own right, but rather than being an end in itself is also a further means to the ultimate end; the eradication of the causes and the effects which are technically described as the presenting

complaint. Every step not only is learning and a healing experience but it also has a stated and agreed boundary on the level of intimacy being explored at that step. Within intimacy, boundaries are not barriers. Barriers are negative defences. Boundaries are opportunities for open-ness and to experience the full range of feelings and sensations without the fear that the sexual activity is going to find either partner out of their depth. A client will move on to the next step of the programme when they are ready to do so. There is no expectation of how many sessions it should take any one client to resolve his or her anxieties at any particular step. Everybody is an individual. While some clients may resolve their particular issues at one step within one session, it may take others several sessions to resolve their particular anxieties at the same step. It is important that clients do not put pressure upon themselves to progress faster than is necessary. There is often an urge within men, in particular, to ‘succeed’; to ‘progress’. This same drive, or urge, is often one of the root causes of a man’s problems in sexuality. Rather than being consciously present in the moment, he is thinking about the next step or whether he is “doing it right” or succeeding quickly enough. Patience is required along with self-acceptance.

### **Restoring Free Will**

I look for a number of inherent qualities to be present in a man when suggesting that he move on to the next step of the programme. First, that he is not suffering any inhibiting anxiety. Second, that he is discovering pleasure in the step that he is concentrating on; that he is actually enjoying himself. Third, his body is functioning satisfactorily and appropriately at that particular step. Finally, that he has a genuine inner desire to move on to the next step of the programme. This last criterion does not mean that he thinks that he ought to move on, or that he thinks that he should move on, but that he genuinely feels inside himself that he wants to move on to the next step where the boundary will be lifted to a new agreed level. In setting these criteria, I am attempting to exercise discernment regarding the level of growth in the client’s volition, or will power. My commitment and that of the whole team at The School of ICASA, obviously including that of the surrogate partner, to the client is that he will be in a state of mind and experience

following a course of sexual healing to be able to replicate his experiences in his life outside therapy. His own volition, power of choice or free will, is central to this ability to take his newly found experiences into his life outside therapy.

It has always seemed remarkable to me that when Jesus was on the earth, he often asked people in the most severe physical need “Do you want to be well?” before he miraculously healed them. It would appear to an onlooker that someone who is blind or severely disabled in any way would obviously want to be healed. Why then, did Jesus find it necessary to ask them what they wanted from him, or whether they even wanted to be well? It seems that the volition, or will power, of an individual is the single most important element that will help him not just to get well – but to stay well.

I am discerning whether a particular individual’s volition is still at the level of simple consciousness, or instinctive “unthinking will”, or whether he has become sufficiently developed through the unfolding healing process to be at the stage which has been referred to as “dynamic will”. As the great Indian guru Paramahansa Yogananda said of dynamic will “*By its very strength, the will sets into motion certain vibrations in the atmosphere; and nature, with its laws and order, system and efficiency, thereupon responds by creating favourable circumstances*”. In other words, the man has fully engaged himself in the process; he is not simply carrying out exercises by rote, or “blind will”, but has opened doors to self awareness within himself and his experiences are now happening *through* him not simply *to* him.

## **Resistance**

Along the way, a man or woman may experience feelings that are *not* immediately pleasurable. For some, these may be repressed feelings of fear or anxiety that have been pushed down in the hope that they never need to be faced. For others, it may be that a new approach to sexuality causes them to feel insecure; almost as if a stool were being kicked from under their feet and they are unsure whether, or where, they are going to land. In some such cases, they may feel as if they are standing on the edge of a cliff and have nowhere to go except to jump off the cliff and see if they will fall or fly.

In these and other experiences, the clients may feel resistance to the changes that are going on inside them and feel tempted to cut and run. Some will not react in that way, but will turn on themselves and condemn themselves as failing. It is important for these clients to understand that, at such times, it is not that things are going wrong. It is probably an indicator that things are actually going right – in the sense that repressed and unconscious feelings and behavioural patterns are coming up to the conscious level where we can help them to recognise and change the patterns of self-destructive thought and action. Cutting and running, or self-accusation and judgement – these are the thought patterns and reactive actions that have brought the man, or woman, to our door in the first place.

The re-emergence of resistance now is the threshold to breakthrough. The seemingly impregnable concrete foundation built to support a belief in separation and isolation is dug by the ego as protection against their greatest desire. This foundation can be replaced only by the quiet and non-violent force, which is called unconditional love. Looked at in this true light, resistance is simply another step in the healing process of restoring volition, or free will, back into the rightful ownership of the individual. It will not take a sledgehammer now to demolish the concrete foundation totally. It takes only the acceptance of that energy which is unconditional love; then the old foundation is demolished and a new foundation can be built, transforming not only the client's sex life but also the way in which they perceive the world they live in.

## **Personal Commitment**

Like any other meaningful area of life, the level of personal commitment and application that clients put not only into the sessions that they experience at the therapy centre, but also into the reading and home exercises that are given to them to do between sessions, will often be a determining factor in the level of their transformation. Personal self-discipline and responsibility are important, although mainly unheralded, aspects of sexuality; not glamorous, headline grabbing aspects but necessary and important nonetheless. Personal choice is essential in life generally and in

sexuality. You can choose to be happy, despite adverse circumstances.

Following each step of the programme, we give the client literature which, when they have completed their course of therapy will amount to over five hundred pages of information about intimacy, sensuality and sexuality. We call this literature “Sexual Confidence” and some people, especially couples, follow this literature for the basis of their own Sexual Healing Course at home, doing the intimacy practices together. It is important that the client reads, and re-reads the literature. It is intended to help a deeper level of understanding and perception and not to be read like a novel or textbook. It is a working manual, which confirms the client’s own experiences during the therapy sessions and underlines the principles behind the practices.

The home exercises and practices that are set are also incredibly important. Even in a busy life, or where privacy is rare, it is still essential to the clients eventual outcome that they commit themselves to find the time and space to do the home exercises. Without these experiences, all of which can be practised alone, the clients are relying solely on the sessions themselves, in isolation from the rest of their waking life, for what is a deep and profound life change. Practices at home integrate the principles within the client’s own understanding and self-awareness.

Finally, there is a written journal of their feelings, which we ask clients to write at home following every session of Sexual Healing at the centre. These journals are not to be thought of as a written report nor to be carefully constructed or thought out. It is simply another way of expressing feelings that, otherwise, may go unspoken. It is amazing for clients to see, at the closure of their Sexual Healing journey, what changes have been effected in their life. Re-reading their journals at the end of their therapy reveals this radical life-change that is reflected in their own words in these simple accounts of their therapy sessions.

## **Reality**

Paradise restored. Often, a person who enters this sexual healing process will say “...of course, if this were in a real

relationship” or “...but it would be different in the real world”. My response to that kind of comment is this: “In Surrogate Partner Therapy you are probably experiencing more reality than most people have ever experienced in their own sexual relationships”.

There is often so much pressure and perceived demand from sexuality within most relationships, even very good ones, that it is very difficult for either partner to be and remain fully open to the full range of feelings and to communicate those feelings to their partner. As a consequence, the two individuals within a sexual relationship often remain separate and remote at the level of reality. Some people, even in long term relationships and marriages, never really know what is happening within their partner during sex. Surrogate Partner Therapy has no purpose if it is not to help people experience the ever-deepening levels of reality that can be discovered during true intimacy, sensuality and sexuality. This is as real as it gets. Sometimes it is so real that it is shocking. The challenge is to take this sexual reality - this new model of sex, which is actually as old as the Garden of Eden - this “Inside-Out” approach to sexuality, and to be an instrument of change to the often-unreal sexual relationships found in the world outside therapy.



## Enter the Goddess

*I would like you to touch me as if you were blind, knowing that you love me, but unable to see me. Touch my face, my breasts, my belly, my toes...learn what I “look” like, imagine me in your mind as your hands explore my shape.*



The beauty and loveliness that can be discovered in intimacy and its extension, sexuality, reveals the power of the Feminine principle as being the first principle. The energy that is the very life force sustaining humankind emanates from the feminine principle being in perfect balance with the masculine. Babies are conceived within the feminine womb; birth comes from the feminine birth channel. The masculine principle protects and supports the feminine. Pure Spirit is a formless state of being. At the same time, and in complete equality and unity, exist feminine and masculine; positive and negative - the perfect harmonious balance.

The desire to extend this beautiful balanced harmony follows as an inevitable effect of unconditional love; the feminine principle. The creative impulse of consciousness emanating from the self-realisation of love replicates this beauty in physical form; this creative urge is the masculine principle. The perfect balance is the merging of these two energies, masculine and feminine; the spiritual ‘marriage’. This is perfect harmony, or ‘cosmic’ intimacy. The first principle is the perfect balance of feminine and masculine energy.

### **The Patriarchal Hijack**

Long before organised religions hijacked God and conveniently created a purely masculine figure with a grey beard and latent anger who lived somewhere in the skies and looked down on human beings with a mixture of pity and disdain – but mainly judgement – the Divine Mother was worshipped along with the Heavenly Father. Mother Earth and Goddess worship was revered in many cultures long before the politicians and theologians decided who could be, and who could not be worshipped. By freakish acts of

control and savagery, the organised Church created the illusion of a divorce in Heaven long before divorce became popular in separating partners joined in marriage on the earth. The perfect harmony of the feminine and the masculine principles, and resultant energies in human experience, which are present as the First Cause in the cosmos, was split in two by a unilateral patriarchal ecclesiastical hierarchy. The Divine Feminine was relegated to obscurity by insecure male politicians, rabbis, priests and philosophers desperate to exercise authority over a world population whose collective consciousness was evolving at a faster rate than those in so-called leadership positions were able to control.

### **The Divine Feminine**

The Hindu and Sikh religions, along with Taoism, Gnosticism, Paganism, Christian Mysticism, Sufism and Buddhist and Tantric philosophy retained acknowledgement and awareness of the aspect of the Divine Feminine. After the official adoption of Christianity by the Roman Empire in the 5<sup>th</sup> Century ME, however, anything feminine in respect to the Divine was quashed along with the role of women.

When Jesus was on earth, he had countered the masculine stranglehold that the Old Testament patriarchs had inflicted through their law-bound, literalist authorship and interpretation of creative principals through their scriptures. Jesus was comfortable with women, almost scandalously so in the eyes of his contemporaries. Mary, the mother of Jesus, re-introduced the feminine principle of compassion and unconditional love to the collective consciousness. In some non-canonical Gospels, Jesus is quoted as referring to the Holy Spirit as “my mother”.

### **Adam and Eve**

In the biblical creation stories of Genesis, Adam has become established in popular thought as being a “man” and Eve as being a “woman”. This simplistic literal interpretation of what is great symbolic and mystical literature has created a schism that became a chasm between men and women, and between spirituality and

sexuality, that as a result has existed over the past fifteen hundred years.

While Adam was the first manifestation in spirit form of the formless God, Eve was the first manifestation from the consciousness of God in physical form. Matter, or physical form, is manifested from concentrated atomic particles of energy originating from cosmic consciousness. Adam is a principle; not a man. Eve, likewise is a principle; not a woman.

Perfect Balance and Harmony ('being', 'awareness') extended this perfect state by manifesting itself in spiritual, ethereal or astral, form (the Adam principle). The Adam principle (the spiritual 'marriage' or perfect harmony) gave 'birth' to the Eve principle (matter, or physical form) through cosmic consciousness, an inevitable emanation of perfect love and balance.

### **“Fall of Man”**

The so-called “Fall of Man” is popularly explained as Adam (man) tempted by Eve (woman) to eat the fruit of the tree of the knowledge of good and evil (usually associated with sex).

Esoterically it is understood, that in order to be fully self-realised, every individual soul (Adam principle) *has* to leave the beautiful astral worlds and experience the relative and apparently conflicting or opposing conditions in the world of matter, or physical form. Only through physical experience of life in earth-bound form does it become possible for the individual soul to realise its immense and wonderful true essence, and as a consequence, for evolution to continue.

It is not possible to realise the wonder of life without experiencing the misery of death. It is impossible to realise the ecstasy of joy without experiencing the pain of sorrow. It isn't feasible to fully realise the beauty of colour and the potential for eternity in immense light without experiencing the potential for horror and dread to be felt in total darkness.

The fruit of the tree of the knowledge of good and evil is the choice to limit consciousness to the physical form. The Eve principle (humankind, physicality or the realm of matter) is the object of limitation; consciousness (Adam principle) is the subject that becomes thus limited.

It is not women nor is it simply sex or sexuality and neither is it the feminine principle that is to “blame” for the limitations of consciousness that creates suffering. Imprisoning consciousness to the level of physicality (body, or self consciousness) without the realisation of the reality that is at the source of all physical experience is ‘eating from the tree of the knowledge of good and evil’.

### **The Masculine Model of Sexuality**

The patriarchal repression of the feminine principle created a masculine sexual model in the collective consciousness. This has been maintained by a global religious leadership largely unaware of the potential for peace that is latent in true intimacy. The masculine sexual model has been further developed by the modern media, technology, Internet, the pornographic industry and large parts of the medical professions. The masculine model is good for business, but it is bad for relationships; for peace and harmony between the genders, diverse religions, nations and cultures. It is also bad for the raising of children and it is bad for the individual.

The masculine model of sexuality is largely “Outside-In”. Sex is thought of as a physical act between two people, rather than the blending, merging and building of two balancing energies into one perfect harmonious whole; the ‘Adam’ principle - the ‘spiritual marriage’ - merging two into one. The masculine model of sex is regarded subconsciously as a man doing something physical with a woman.

Limiting sexuality to a physical function without connecting with the energy at the source of intimacy is like turning off the electricity at the mains and wondering why the lights don’t come on when you press the light switch.

### **Connecting With the Feminine Way**

When sex goes wrong men, in particular, usually seek help to discover how to ‘do’ their masculine model of sex better. The first thing that they discover is that they have been ‘doing it wrong’ from the start. They need to let go of their deeply held need to prove their

maleness and to discover the power of the feminine way. This is not a feminist statement nor is it a clarion call for ‘camp’ behaviour or weak and puerile sex. In fact, the opposite of these stereotypes will be the effects from rectifying the cause. There are only so many ways people can engage in “Outside-In” sex. Running out of positional permutations, pornography has to resort to adding more personnel in order to prevent their masculine model of sex from quickly becoming boring. After the bedroom gets so crowded that it is no longer in touch with realism, it has to deviate into ever more bizarre scenarios in order to maintain the viewer’s attention.

### **Conscious Sexuality**

To reach the heights of true sexuality a couple do not need to go faster or harder, but slower and deeper. “Inside-Out” sex, merging the balanced energies of masculine and feminine will lead you beyond previous horizons and you can end up swinging from the chandeliers (if that is what you both want to do...!)

Discovering the energy of the feminine way does not mean losing your masculine energy; on the contrary, it means truly discovering its power when fused with the feminine.

But how? For most men, and many women who’s energy has been suppressed or even repressed by the masculine model of sex, it is alien to speak of letting go of previously held views of how to be sexual when their very identity has depended upon it. It is an offence to their intellect to suggest that men have “got it wrong” all these years and that woman, in general, is more intuitive when it comes to sex. It is scary for men to learn anew something that is so fundamental and important to the very substance of relationships and to their happiness. It is hard for them to learn how to be open and to discover the strength that is to be found within vulnerability; to get in touch with feelings – not just their own but also the feelings of women. It is a concept pushing the boundaries of credibility for some men to consider practicing trust and remaining present. *“Connecting with feminine energy? Releasing masculine energy? What planet are you on?”*

A special helper is needed with whom to take this exciting yet scary journey; a Surrogate Partner who will go with him at his own pace every step of the way.

## Enter the Goddess

*A surrogate partner is neither prostitute nor princess\*;  
She is neither maiden nor crone;  
She is not defined by age, appearance or by conventional social  
morality.  
She is a Woman of The Light<sup>†</sup>; a sexual healer.*

*A surrogate partner gives herself to others for their healing and  
happiness;  
She proves them to be whole.  
Like a child who has learned to walk, he overcomes his fears, and  
then disappears;  
She is forgotten, though forever remembered.  
A surrogate partner loves others as an aspect of the Beloved;  
She is defined by whom she is within.  
She cries, laughs, loves and makes love like millions before and to  
follow;  
Yet she is the only one; special and unique.*

Author, David Brown

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With acknowledgements to \*Dr. Martin Cole for the phrase “neither prostitute nor princess” and <sup>†</sup>Kenneth Ray Stubbs for the phrase “Woman of the Light” (*Women of the Light, The New Sexual Healers. Secret Garden, 1994*).

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*She is a blend of ordinary woman and extraordinary spirit. She sees her happiness in helping others to find theirs. She is at ease with her spirituality and her sexuality. She has an abounding sense of humour while also able to weep with those who weep. She doesn't take herself too seriously and yet she honours herself and can see the Goddess within. She is practical and spiritual. She is sexually adventurous and at the same time exudes a type of purity. She is both abandoned and reserved. She is a healer – yet sees herself simply as a woman.*

### **I Am Unconditional Love**

I am committed to you before I even meet you. I am committed to your sexual happiness and to helping you find that happiness for yourself. There is no possibility that I might reject you, or that I would judge you. You are not here to prove yourself to me. You are already sufficient in yourself; I can help you see that for yourself. I am patient and I will try always to be kind. My intent is to be here for you and not to fail you in this.

### **I Am Authentic**

I will be honest and truthful with you. I will never tell you simply what you might want to hear; I will always tell you the truth because the truth will set you free. But I will always hold the truth in love and speak to you with compassion and tenderness. With me, you are free to laugh and to cry. You are free to express your feelings, whatever they may be and in whatever form they come.

### **I Am Polyamorous**

I see sexuality as a precious gift from the Divine Source of Love. It heals and assures us that we are alive. I do not simply make love with my body, but with my soul. I am neither monogamous nor promiscuous. I can be in more than one relationship in my life and yet every relationship will be authentic and as though it is exclusive. I see love as who I am rather than something that I do. I am neither jealous nor rude.

### **I Am an Ordinary Woman**

I have feelings. I cry and I laugh. I can be hurt like any other woman. I have suffered in my life and I know happiness. I understand what it is to feel sorrow and to be lonely. I also know the ecstasy that comes from being truly intimate with another. I can laugh at myself and I can laugh in the face of fear. I can smile with loving acceptance in the midst of sorrow. I have a relationship of acceptance with my body and I honour it as the body that I have been given to live this life within. Sometimes, I feel insecure about my body and would like to have another. Just like any woman.

### **I Am a Goddess Within**

I don't feel like a Goddess nor do I always look like a Goddess when I look at myself in the mirror. But when I look with eyes that go beyond judgement I see the God in you. So when I look beyond my own weakness and failure, I am able to see the Goddess within me. I am feminine. In essence, you and I are an aspect of Divine Love expressed through the Divine Beloved. Let us dance together.

### **I Am Every Woman**

I am every woman you have ever met. I am every woman you will ever meet. I am Woman. I may not be the type of face or body that you would naturally choose for a life partner. I may not meet with your parent's approval. I may not be the woman of your dreams or your fantasies. I may not be the image that you have as you read this in this moment. I am a Woman; a Mother; a Child; a Lover. I am every woman you have ever met or will ever meet.

### **Surrogate Partners**

Over the past twelve years, I have interviewed almost fifty women and men who have approached us with their interest in becoming a surrogate partner. Of those fifty, I have trained twelve and nine of those trainees have worked as Surrogate Partners within our team at The School of ICASA; of the nine who have passed through our training and started working as Surrogate Partners in our team only seven women and one man have been suitable and successful as long term ICASA Surrogate Partners. We currently have a team consisting of three women and two men. The International Professional Surrogates Association has been conducting training for surrogate partners for over twenty-five years. There are no more than twenty-five IPSA trained surrogate partners currently practicing in the entire United States of America. There are women who claim to be "sex surrogates", particularly on the East coast of the US. Many of these are simply offering sexual services; some with good intent and the right motives, but with little understanding and no infrastructure. In such cases, there is little emotional, mental or physical protection for the client. Similarly in England, there are those who claim to be "sex surrogates" who primarily offer sexual services for people such as the disabled.

It is extremely important to distinguish between “sex surrogates” and “surrogate partners”. The very distinction in terms is central to the distinction in their work and the outcome for the client. Of surrogate partner therapy (as distinct from “sex surrogacy”), Barbara M. Roberts, US Sex Therapist and Licensed Clinical Social Worker said in a landmark lecture in 1976 at UCLA Conference on the Use of Surrogate Partners in Sex Therapy “...*sexuality may be at the heart of it, but sex is the least of it*”.

This is not to say that the client will not ultimately engage in the full range and scope of intimate sexuality, including lovemaking; the important distinction in surrogate partner therapy is the authenticity of the Client-Surrogate Partner relationship, which will be discussed in more detail in the next chapter. While “sex surrogacy” is primarily a sexual service, and in many cases, probably ethical and justified, surrogate partner therapy is a structured programme of sex therapy which is designed to heal sexual wounds, anxieties, fears, phobias and dysfunctions. The two should not be confused.

## **Surrogate Partners in Great Britain**

### **Nationality:**

Of the nine women who have worked as ICASA Surrogate Partners, seven have been British; two being from Northern Continental Europe. Of the six who have successfully been inducted and integrated into the ICASA team of Surrogate Partners, four have been British and two from Northern Continental Europe. Two men have been part of the ICASA team. Both men were British.

### **Age:**

The average age of the women who have been Surrogate Partners at the School of ICASA is 38.5 years; the youngest being 27 and the oldest 48. The average age of the men who have been part of the ICASA Surrogate Team is 48.

### **Relationship Status:**

Only one of the women was married; one being widowed and seven being single. Four of the women were mothers of children.

### **Longevity of Service:**

One surrogate within the ICASA team has been practicing continuously at The School of ICASA for over ten years. Another of the six mentioned as being successfully integrated as a surrogate partner was in the team for nine years. The shortest duration was one year. The average duration of continuous service within the ICASA Surrogate Partner team is five years, including three surrogate partners who are still currently part of the team.

### **Qualifications:**

There are no formal qualifications that could determine the suitability of a man or woman to be a surrogate partner. Character, personality, spirituality and life experience are not easily quantified by examination paper. I quote Cheryl Alkon, a highly successful and experienced surrogate partner in the United States: *“Although there are no specific academic degrees required of a surrogate partner, there are certain qualities and life experiences which seem to provide valuable background to surrogate work. These include comfort with one’s own body and sexuality, warmth, concern, empathy and trust, non-judgemental attitudes towards choice of lifestyle, sexual activity, and sexual partners, is also important”*.

I would also add that certain spiritual gifting and awareness, while not being a qualification, is almost certain to be a distinguishing feature of suitable life experience. At The School of ICASA a first requirement is to be a non-smoker!

I have found that the ICASA or IPSA induction training process followed by a period of internship is often self resolving in determining whether someone is going to be equipped for the long term; comfortable and efficacious in this unusual and highly specific vocation. Interestingly, the other study into the demographics of surrogate partners, conducted in America by Kenneth Ray Stubbs and published in the 1980’s, is summarised as follows: *“Finally, a profile emerges of the average surrogate. She is a white heterosexual female; late 30’s to early 40’s. She is in one way or another single with 1.4 children. She is college educated and has been practicing as a surrogate for 4 years, 3 months”*. Masters and Johnson reported in 1970 that they rejected 60% of the volunteers

they interviewed as potential surrogates. Moreover, they only chose a woman for this role who was able to “convey pride and confidence in her own innate femaleness”.

I dedicate this chapter to all the wonderful and extraordinary women who have worked as part of our amazing and truly beautiful team of Surrogate Partners at The School of ICASA over the years. To close this chapter, I have chosen a simple quote from Vena Blanchard, sex educator and President of the International Professional Surrogates Association, who has also been a practicing surrogate partner for over twenty years and is, in my opinion, the most authoritative person on this subject in the world today:

*“It’s about creating a safe place to do learning and exploring. I could see the great benefit of knowledge. It just made sense to me – I knew I had the capacity to love more than one person at a time...the truth is, it felt like a calling.”*





## Chapter 7:

# Love, Dependency and Authenticity

*I would like you to touch me as if I were your lover.*



“*This seems too contrived.*” “*It’s not like this in the real world.*” “*What if she doesn’t like me?*” These are the most common concerns expressed by the client who is beginning the experience of surrogate partner therapy at our centre.

Such worries and concerns are the voice of anxiety spoken from behind the illusionary veil of separation, which has been a hiding place in the experience of the man, or woman, often for many years – sometimes for the client’s entire life experience. He will soon begin to take a journey of change in perspective and self-identification. The journey is gentle and liberating, but at first, the ego clings to firmly held views of “how things are”. Almost always the “how things are” in the experience of the individual are based on flawed perspectives and conditioned thought structures that have produced the very sexual anxiety and fear of intimacy that has brought the client to our door. It would seem sensible to let them go, but that is easily said and not so easily done. We will look in more detail at the way in which a client is helped to make this journey of new perspective from a higher level of consciousness in the next chapter. “*This seems too contrived. It’s not like this in the real world*” needs our attention now, however, in order to introduce the theme of this chapter.

## Reality and Fantasy

It is amazing how many people, in this case both men and women in equal numbers, hold an image in their mind of lovemaking being an experience that should always happen spontaneously. Just like the Hollywood movies, the lovers gaze at each other, music starts to play; fires within are ignited, clothes are ripped off and lovemaking occurs almost automatically (certainly without any

anxieties in either partner and definitely without any physical hiccups). Nobody speaks a word; only music and beautiful camera angles. Afterwards, the two are inevitably in love and will live together happily ever after. “Real life” is rarely like that.

At the beginning of surrogate partner therapy, the client and surrogate partner will be exploring intimacy, especially touch and intimate caressing, in two separate modes; first, as the active partner and then again, in a separate experience, as the passive partner. The experience will be different when being ‘active’ from when being ‘passive’. For some people, it is easier to remain present and not to mentally split off, when being active; for others being the ‘active’ partner may produce more anxiety than when they are ‘passive’. It is amazing, and wonderful, to witness the transformation in a client when they are allowed to experience intimate caressing, within set boundaries, in both active and passive mode. It allows them to become fully aware of the different feelings that occur in these two states of being.

It is this foundation-building part of the healing process, however, that usually brings up this feeling of “contrivance” or “structure” as distinct from the fondly held view that intimacy should always be “spontaneous”. Chemistry, it seems, should rule.

I would estimate (there is very little science behind this estimate, by the way; purely experience of thirty four years of happy marriage during which time my wife and I raised three children and experienced much the same in terms of struggle with practical trials and tribulations as most normal couples who share life meaningfully together over a long period of years) that the amount of truly “spontaneous sex” that is enjoyed by a couple in their lifetime as opposed to planned sex will be about 2-3%. This means that at least 97% of all sexual experiences shared within a life-long relationship will be at least to some extent contrived, planned or structured.

If you don’t believe me, try asking the parents of young children, for example, if they need to think ahead and plan for sex, or if it is Hollywood-style, chemistry-fuelled spontaneous passion! Try asking a man whose wife is going through her menopause. Or try asking a wife whose husband is having difficulties with his erection. Ask the couple trying desperately to conceive. Ask the couple who are trying equally hard to restore trust and love within a relationship

where betrayal has cast its devastating blow. Ask a couple who are nursing a sick and elderly relative. Ask a couple when one or other is going through sickness. Try asking a woman who has had her femininity savaged by mastectomy. Try asking the man who has just recovered from prostate surgery. Try asking the ageing couple. Try asking the couple that are homeless and live in rooms shared with children or where noise can be heard through paper-thin walls. Try asking the man or woman who is emerging from divorce or bereavement. Try asking the couple dealing with sexuality and cancer. Try asking the disabled.

Try asking the couple who have simply become bored and for whom sex has become a dull routine. It all sounds very nice to be spontaneous, but when does it ever truly happen in reality? Even if you book a romantic hotel room and fantasise about the movie-style weekend of sex that you are going to have with your new lover (or established partner) you have still needed to book the room; you have still needed to think and plan ahead. In the final analysis, is there any such thing as “spontaneous sex”?

‘Reality’, the ‘real world’ or ‘real sex’; these are images that have meaning that is relative to the experiences and expectations of the individual. In that sense, there is no such thing as ‘real’ sex and your ‘reality’ may be very different from somebody else’s reality. How can we hope, therefore, to connect with another person at such a deep level of the soul in order to create the conditions, which enable intimacy and physical sexuality to become ‘real’ for both partners? The answer lies in authenticity.

## **Man and Woman**

Before introducing a male client to surrogate partner, I will first prepare him by saying “When you first meet your partner, think of yourself as being a MAN and your partner as being a WOMAN”! Now this preparation may at first appear redundant. Of course he is a man and she is a woman (or the other way round in the case of a female client and male surrogate). It can be all too easy, however, for the man to think of himself as a CLIENT and for him to think of the woman to whom he has just been introduced as being a SURROGATE PARTNER. The first scenario allows the client-surrogate partner relationship to be based on authenticity. The

second scenario prevents authenticity and maintains masks, roles; hiding places or defences. The first scenario allows the mind to think: “All being well, this man and this woman will one day be making love together”. The second creates a barrier that keeps both people apart at the crucial level, preventing true intimacy. Vena Blanchard describes intimacy as: “...the here-and-now experience of revealing our authentic selves to one another. It entails emotional contact, knowing and being known by another...it requires an experience of both partners being fully present and attentive and open to each other”.

### **Therapeutic Team**

The therapeutic teamwork involved in surrogate partner therapy is a triad involving the client, surrogate partner and a supervising therapist. I counsel the client to think of his supervising therapist as being exactly that – his therapist. This allows the client to think of his surrogate partner as being a WOMAN primarily as distinct from being his THERAPIST. It can feel a little strange, not to say unethical, to be intimate with your therapist; in fact, the client is being intimate with a woman who happens to be a surrogate partner, rather than being intimate with a Surrogate Partner who happens to be a woman.

In the context of therapy at The School of ICASA, the therapeutic team is actually not simply a triad but more like a “quadriad” consisting of client, Surrogate Partner, an ICASA “Mentor” and ICASA Therapy Director. If you added the client’s referring therapist, or the clinical psychologist who the client otherwise sees for assessment before commencing Surrogate Partner Therapy, you could say that the therapeutic team is a “quinriad”! In practice, however, it is the triad that is consistently involved in the client’s programme: client, Surrogate Partner and Mentor.

Every session lasts two hours or as in some cases, for practical reasons such as an Intensive Course, a session may last four hours. For the first part of the session, usually about twenty minutes, the client will meet with the ICASA Mentor (or supervising therapist) for two way discussion on progress, personal feedback from home exercises and for instruction and explanations of the intimacy practices and the boundaries involved in the forthcoming

session. The client then spends the main part of the two hour session, usually an hour and a half or more, in intimacy practices alone with the surrogate partner. There is no observation of the practical part of the session by anyone or by any means.

## **Authenticity**

Authenticity means the genuine thing. Authenticity is reality. It involves a dropping of masks. It is being one's self and not trying to be somebody or something else.

When clients learn to come out from hiding and to be authentic in their relationship with the surrogate partner they will discover that they have actually entered reality rather than left it. Open-ness, honesty and truth in any relationship are essential ingredients in order that trust may flourish. Trust is especially important in a relationship, which is central to a client's sexual recovery or healing.

One of the vital and powerful elements involved in a person's recovery from sexual dysfunction, insecurity or anxiety is for them to be able to overcome self-doubts and negative images that they may hold against themselves. For example, it is usual for a man to think that his penis is either "too small" (common) or "too large" (not so common!); "too thin (common) or "too thick" (not so common!)... There is much other such insecurity involved in his body image, touch style, lovemaking, ability to ejaculate or to last long enough, satisfy a woman... How can he overcome and transform these perspectives? One way, and the most powerful for most men is to get a woman's view and perspective on these issues. But will she answer his deep-seated fear-bound questions honestly? Or will she simply tell him what she thinks he wants to hear? For a man whose self esteem and whole identity is hanging on a partner's answers, it is not the answer itself that can dissolve the man's fears, but the honesty (authenticity) with which the answer is given.

This level of honesty cannot be proven; it can only be present. It is either real because it is authentic or it is unreal because authenticity is lacking. A surrogate partner will always be authentic or else there is no reason for being there at all. Authenticity is everything in the client-surrogate partner relationship. If communication is authentic at the beginning of the process, then so

will sex be authentic at the appropriate stage of the process. As I will often tell a client: “The School of ICASA may be a clinic, but the sexuality is not clinical”. Returning again to Vena Blanchard, she defines authenticity as: *“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 pretence of caring. Authenticity is important in the creation of trust, which plays a big role in risk and change. It is a message about your values”*.

## **Love**

Being authentic allows the partners to experience the full range of feelings that are possible and potential throughout an intimate relationship. It is vital for client healing that they are ultimately able to fully integrate their thoughts, emotions, body feelings and physical responses and will only be able to do so when they have become sufficiently self aware to be comfortable with those experiences. This means that they are even liable to experience the feelings involved when tapping into the energy which we call love.

At this point, many therapists become twitchy and say “If love is experienced, isn’t somebody going to get hurt?” They will often agree with the need for authenticity but exclude love as an emotional experience. Love is obviously too authentic to be permitted.

My answer comes from incredulity. Isn’t it an indictment upon our society that the word “love” is immediately associated with the word “hurt”? I will not consider my contribution to the work complete until the word “love” is automatically associated with the word “healing”.

Love heals fear; it is the perfect antidote. Love ultimately overcomes hatred, un-forgiveness and unconscious anger which is at the root of all the problems that mankind faces in the world.

Love is not simply one faceted; neither is it a power “out there” which makes us lose control as soon as we feel that closeness with another human being. In over twelve years of practicing

Surrogate Partner Therapy I have never in even one case known a client to become obsessed with a surrogate partner or unable to close their course of therapy due to conflicting feelings around love. On the contrary, I have witnessed many cases where the client and the surrogate partner have recognised emotions and feelings that arise from an authentic recognition of love. This has enabled the client to know himself at a far deeper level and to learn how to contain such energy in a positive way. When the time has arrived for such clients to close their course of Sexual Healing they have learned to appreciate and enjoy the feelings involved in the experience of loving and to feel ready to replicate those feelings outside therapy.

I am proud to have many letters, written to us from past clients who came to us for therapy as adult virgins and suffering from deep rooted fear of intimacy, informing us of their recent or forthcoming marriage. I genuinely believe that in most, if not all of these cases, it became possible for them to open themselves and ultimately to meet and connect with a partner with sufficient authenticity that they could get married, *largely as a result of the client being courageous enough to experience what love actually felt like during their experience of Surrogate Partner Therapy.*

Love isn't confined to romantic love alone. There are aspects of love that are equally powerful and important for human beings to experience but which are not stereotypically romantic. There is the aspect of love that is felt within family relationships. There are the aspects of love that are felt between close friends. Love should also be the normal response of every human being to another who may be in great need. This aspect of love is rarely felt as an emotion, although strong passions such as pride and gratitude will usually be the response to an act of love from one person to another. This facet of love is more a matter of personal choice than feeling. Then there is romantic and sexual love. This aspect of love is called *Eros* in the Greek language and is more famous in popular culture and also in the collective consciousness than the other three siblings from the Love Family.

Perhaps the most important face of love of the four mentioned is the least famous and the one hidden deepest in the collective unconscious. That is, the aspect of love which in Greek is

called *Agape* and is that which human beings have a responsibility to show to one another as a matter of choice arising from free will. Sadly, it is infrequently shown but when it is; it is magnificent.

In surrogate partner therapy it is quite possible that every aspect of love mentioned above will be experienced between the client and the surrogate partner at one stage of the healing process or another. Many a client has had little or no positive experience of love within their family and has sexual problems as an adult as a consequence. Unconditional love is a healing energy that is every child's birthright during formative years but which, sadly, is not necessarily the norm. In the early stages of therapy in particular, it is quite usual for the surrogate partner to be more like a teacher and the client a pupil rather than being like lovers. This is a normal part of growth and, so long as the teacher-student relationship is recognised, authenticity can co-exist.

It will not be long before the client is benefiting from that aspect of love and is able to grow beyond the need for it. It may then be that the surrogate partner may be like the best friend that the client has ever had. A friend who is totally accepting and non-judgemental like all good friends can be; additionally, this friend is also happy to be intimate and even sexual within the relationship of friendship for the sake of the client's healing and happiness.

Before the surrogate partner even meets the client for the very first time, she has chosen to love him. This is *Agape* love in action. This is the free will choice of one human being to love and care for another in a way that completely transcends the need for loving feelings or natural attraction.

Finally, romantic love is sometimes shared and, when it is, it is always both appropriate and natural. When this stage of growth happens, it is usually a gradual awareness rather than a bolt from the blue; a gentle breeze rather than a hurricane. There is no loss of control; no surrender of personal dignity. It is a deepening of authenticity. It is, in such cases, their reality. It is not a requirement; there is no merit involved, but neither is there a prohibition to love. Love enriches every experience in life. Where would we be without it? How could we even exist without love?

Romantic love in surrogate partner therapy rarely happens. It is not the norm; it is the exception. It does not mean that those who love are therefore healed and neither does it mean that those who do not love in this way remain unhealed.

It just is.

## **Dependence**

Before commencing therapy, the client will be informed and instructed about the client-surrogate partner relationship. During the course of therapy all normal and expected safeguards of supervision, case reviews and availability of counselling for surrogate partner and mentor are in place to protect client, surrogate partner and mentor from unwanted attachments or dependency.

It is important that clients feel able to give themselves permission to be authentic in their relationship with their surrogate partner rather than for them to think they have to “keep a lid” on their feelings. It is also important for them to understand that the only fundamental difference between this relationship and one outside therapy is that the partner has been chosen for them and that the relationship with that partner is naturally contained. It is contained by meeting only during therapy sessions and also by the fact that, eventually, there will be a closure to the relationship when the client closes his course of therapy.

At that stage, they will be considerably different as a person from the one who commenced therapy. They will have a different understanding of who they are as a person. They will be radically more self aware and comfortable with their thoughts and feelings. They will be healed of emotional wounds and pain. They will have emerged from behind defensive walls and behavioural patterns, which have kept them in self imposed isolation. They will be more confident. They will be more optimistic. They will be more motivated to make relationships. They will be more sexually experienced. They will have made the decision to close their course of surrogate partner therapy, knowing that the time is right.

## **Closure**

The 'closure' session is a very beautiful experience for both client and surrogate partner. It will have been planned and anticipated; therapy rarely, if ever, simply comes to an end suddenly and abruptly. Closure is an end in itself. It is a time that both client and surrogate partner give to each other for no other purpose other than to express their mutual gratitude and feelings. There is usually an exchange of small gifts, maybe a poem or letter written from the heart; or a card that expresses genuine feelings of appreciation.

This is one relationship in this life experience when everything that could be said to each other is said. This is the perfect way to say goodbye. Death often robs us of our chance to fully express our feelings to loved ones. Broken relationships often polarises two partners who have experienced much happiness as well as pain together and when the parting comes, the words somehow are lost in the tears. A closure of the client-surrogate partner relationship enables both the words and the tears to be expressed together.

On the following page is a poem written by an actual surrogate partner to a client. It is called 'The First Goodbye'.

## The First Goodbye

*Those days of fun and play  
came sooner than I thought –  
all those things you were supposed to know;  
the pain when you did not.*

*I was there for you  
in ways no one else could be.  
I thought the control was safely mine  
and now,  
my friendly lover,  
you've gotten to parts of me.*

*How tender feels the way we've touched,  
how special moves my heart –  
How calmly, naturally, I lose alarm  
and wonder at this art.  
You're my first goodbye,  
this shared parting of a loving endeavour;  
and because I've gotten what I've given too  
there's a permanent courage in the mesh of me and you.*

*There's a sadness and a joy to this dear closing  
a challenge to our private strife –  
our time together has been a mutual gift,  
a feather to the sensitivities of my life.*

*Go on, go out, love and get it back.  
Know my arms go with you.  
I've shared my heart, my life, my body, my love,  
and now,  
I send them – with you.*

**Surrogate Partner**





Chapter 8:

## The Hero's Journey

*I would like you to touch me as if you were feeding me through your hands, as if by your touch I am nourished and sustained. Every inch of me cries out for your touch, yearns to be fed.*



It can sometimes require great courage to be healed. However limiting and unpleasant suffering may be, it also provides a sort of security. At least it is known – within the comfort zone. Living with fear may be horrible, but it can seem to be preferable to living totally alone. Anxiety and self-deprivation may be unpleasant, but at the same time it can be perceived as being better than dealing with its cause. Fear of failure is a miserable and well-documented psychological condition, but far more common than is popularly thought is the more subtle fear; that of success, and its natural counterpart – fear of happiness.

The truth is that we don't need to do anything to become happy; happiness is our natural state of being. What does require great effort and courage is to remove the many inhibiting layers that prevent our innate happiness from being realised. I often describe these inhibiting layers as being like wearing several overcoats at one time. A man or woman who comes to our clinic for help often can be compared to someone who is wearing half a dozen (or more!) overcoats in the height of the summer.

An overcoat may represent feelings of longing. Another overcoat might be a symbol of fear. A further overcoat might be distracting, negative thoughts. Yet another overcoat might be body sensations created by deep shame or perceived guilt. There are a myriad such overcoats that people wear, even in the hottest weather! Deep down, inside all the overcoats at the heart of the real person in front of me, there is a soul who is perfectly well, happy and whole; all he, or she, really needs to do is to take off the overcoats. Then there won't be quite so much sweating going on! The client will

usually resonate with the analogy, but if he or she has been wearing six overcoats in a heat wave for a long, long time then it can take an awful lot of courage to take them off and trust that the climate is going to be comfortable without them. What will it feel like to be happy? Will I be able to cope with happiness? What would it feel like to be loved? Who really am I if I am no longer “a problem”?

Discovering who we really are when we are not resigning ourselves to a weak limited existence ruled by fear, transforms not only us but also our experience of the world in which we live. Such discovery is a healing process; a journey that ancient spiritual traditions described as *The Hero's Journey*. Modern therapeutic minds are likely to feel more comfortable with terminology such as ‘counter-bypassing’.

### **Bypassing and Counter-Bypassing**

By-passing is a therapeutic term used to describe a method of treating a problem by solving the symptoms and trusting that the effect will ‘kick-start’ the individual to a new level of confidence or self assurance. In sexual medicine ‘quick-fix’ pills and potions are classic examples of bypassing.

Counter-bypassing, on the other hand, is helping the client to revisit the range of feelings that exist, and potentially arise within them in certain situations. By remaining open and going beyond defences, the client desensitises and heals their fears of experiencing such feelings.

### **Fear of Fear**

To explain these terms further, allow me to suggest the following:

Fear isn't the most disabling emotion in human beings. *The fear of feeling fear is worse*. Loneliness isn't the worst thing that one could experience; spending every moment avoiding being alone is worse. The feelings arising from rejection don't have to be so horrible; creating a life avoiding relationships is far worse. Love isn't so scary; avoiding love is. Just think – sexual arousal could even be pleasurable if you got beyond the thoughts associated with it

of being so frightening. Happiness might not be so bad – you might even enjoy it!

‘The Hero’s Journey’ or ‘counter-bypassing’; the direction is similar. The road leads to self-realisation, or self-awareness, and is one that requires courage to embark upon because it deals with causes rather than simply the effects of suffering. This requires honest and open self enquiry into feelings and thought patterns that have caused an habitual response of building defences against the possibility of needing to actually experience the perceived “dangerous” emotions or body feelings in particular situations.

Intimacy is one of those situations where strong feelings are evoked and where defences may have become like inner fortresses, ultimately and unwittingly creating life within a prison of isolation, keeping love at a ‘safe’ distance. Sexual intercourse is sometimes referred to as ‘knowing’ one’s partner, as Adam ‘knew’ Eve. Being fully known from behind defences can evoke strong resistance within both men and women. By knowing your own self, a safe place exists from which you can allow yourself to be known by another.

## **The Journey**

It would be nothing more than a psychological experiment, or psychoanalysis, to simply explore a feeling as an end in itself. The process of identifying and dropping defensive strategies, learning how to stay present in situations such as intimacy – this is only the first ‘station’ on a journey leading to transformation. It could be unprofitable and even dangerous to revisit emotions and body feelings that one has shut down, due to life experiences of a very negative and damaging nature, if the purpose ended there. Transpersonal sexual healing, however, leads the client beyond the negative feelings to a transformed self-identity where there exists a totally new and healthy potential of feeling, thought and life experience.

## **The Human System**

Most people think that they are a body. They are also aware that within this body there are thoughts and emotions. Generally

speaking, if everything in life is going well at the physical level they will feel happy and will think, *“I can do this thing”*. They may even allow themselves a little *“I will do this thing again”*. As soon as something doesn't work right at the physical level, however, they feel unhappy and they think, *“I can't do this thing”* or *“I'm never doing that again”* or maybe - *“I'll never be able to do that good enough”*. So they create a 'mask' or façade; a character style that gets them through life without having to face the situation that they have experienced in the past and with which they associate failure, disappointment or fear. This mask is the person that they present to the world.

### **Mask or Façade**

This mask is the face of the person that maybe they wish they were. Actually, it is the mask of a frightened person who is scared that he may become known. So the mask invariably becomes modelled on the very opposite character traits to the ones that he is really feeling. Instead of anxiety his mask will project strength, maybe the 'stiff upper lip' or maybe a 'macho' attitude and lifestyle. Rather than reveal vulnerability his mask will exude control and power. In place of longing, his façade will present independence and self-sufficiency. It is really difficult for a woman to build a relationship with a mask (swap the genders to explain the same situation where a woman projects the façade). It is difficult to build a relationship with a mask for two primary reasons. First, the man cannot himself establish a secure relationship with his own mask. He has a split mind. The second reason, and the first cause, is that the person who the mask presents to the world does not exist. How can something that does not exist have a meaningful relationship? How can an illusion connect with anyone else? How can a mask make love?

### **Physical Body**

It is dangerous and a fatal error to believe that you are a body. You live in a body, but you are not limited to being that body. Depending upon the body for self-identity and self-assurance is much the same as trusting solely in money for personal happiness.

What happens to the rich man's happiness if there is a Stock Market crash or some similar event devaluing currency? In much the same way, what happens to your self-assurance and self-identity if your body is sick, becomes damaged, altered through surgery or when it develops the signs of the ageing process? What happens to self-identity and personal security in the face of mortality? Less dramatic, perhaps, but none the less impacting upon happiness, what happens if you are a body and you don't get an erection when you want one? What happens when your body lets you down in the bedroom? As a body, you have fundamentally collapsed. Your engine has spluttered to a stop. If you are a car and your engine stops, you are useless. If you are a body and your body falters, you have faltered. There is more going on within the body than appears from the outside and there is even more going on behind the mask. You are no more a body than you are a mask. Both exist as temporary facts but are not the truth of who you really are.

Beyond the body, the next level of reality is that of your thoughts and emotions. Both are the same ultimately. There is far more reality going on in your thoughts and feelings, but even this is still not the real you. Combined, your thoughts and feelings make up what is your conditioned self.

## **Intellect**

To a large extent the way in which you think, and the resultant feelings, are the result of your conditioning. Your intellect is filled with external input from parents, teachers, mentors, past lovers and life experiences. It is programmed like a computer hard drive. Very little in your intellect has originated with you. Your body has a brain capable and equipped to translate thought into action within a physical body in a world of matter. Your intellect is one aspect of thought, which receives and analyses input. Neither intellect nor emotion is ultimately your 'real' self.

## **Emotions**

Feelings are thoughts translated in ways in which your nervous system can understand and communicate them through your body. Body feelings are thoughts and emotions that are stored in

various parts of the body and are experienced in certain specific situations as sensations. You certainly have emotions and body feelings and they can affect the way in which your life is shaped and conducted, but those emotions and body feelings are not ultimately the 'real' you. They will go up and down like a yo-yo, and your sexual body will reflect what is going on in those internal interactions. A man's penis does not have a mind of its own.

## **Ego**

Your conditioned self; the combination of intellect and emotion develops a personality. We can call it the *ego*. It is far more real than the mask. The mask simply does not exist; it is simply a figment of your own creation. Everyone can see though it, except you. Though the ego does exist, it is still not the 'real' you; it is who you think you are.

Everyone needs the ego; without it you simply couldn't function on this earth. You wouldn't be able to communicate or relate to others. You could say that one of the primary reasons for life on earth is to work towards the complete integration through the love relationship of the ego with the real Self. That is self-realisation. The problem with the ego, however, is its determination to exist as an entity independent from your real Self. As if that were not problematic enough to you, the ego builds its foundation for independent identity upon a lie. The fundamental error of the ego is its belief in separation. However much you want to be joined or connected, the ego will find a reason to convince you that you are worthy only of isolation and separation. However close you get to happiness, the ego will find a way to sabotage that possibility. The ego is perverse. It insists on separation. It insists on remaining separate from love and happiness and holding onto fear, especially the fear of death. So long as you think that the ego is you, fear will replace love and love will be blocked by fear.

## **The 'Real You'**

Imagine a set of laundry baskets; one of those where three smaller baskets fit into each other and they all conveniently fit into the large basket that stands in your laundry room. The outer basket,

with the others inside, represents your physical body. It is the only thing that anyone can see. Now it is obvious that you are not simply a laundry basket! We must look inside and reveal the other, apparently smaller baskets inside. But first, we must lift the lid before we can even start to look inside. The lid is the mask, a façade that hides who we really are. Lifting the lid we can take out the next basket. It represents our emotions; the first aspect of our deeper identity that comes into play especially in situations such as intimate relationships. Fitted snugly inside this little laundry basket is another, representing our intellect. Together, these two little baskets represent the ego.

Deeper still, at the bottom of the large basket that symbolises the body, and beneath the two smaller baskets which we have called the ego is a final little laundry basket. Most people never even look that far inside. This is the basket that represents your real Self.

It is consciousness, pure awareness. It is intuition. It is energy; connected to the life force. It never has been separate from love and never can be. Why? Because it is a spark of Love itself. It can never ultimately die. Why? It is a spark of Consciousness itself. It cannot get sick, because it is perfect. It cannot be depressed because it is already happy; ecstatic, blissful in fact. The truth is that this is the real you. You are ultimately that spark of Consciousness, a spark of Love. The real you cannot get sick and die. You are already happy with the potential for ecstasy; bliss. The real you even wears an ethereal body that suits you perfectly when the physical body is no longer needed.

The ego wears many overcoats and will cling tenaciously to them in the hottest of weather, persuading you to sweat it out. You do not need to wrestle with the ego; in fact, if you try you will probably lose because the ego loves struggling.

You simply need to take The Hero's Journey beyond the masks and the ego; getting to know yourself and how these illusionary projections and aspects of yourself have conspired to keep you down.

**You are not weak, but strong.**  
**You are not helpless, but all powerful.**  
**You are not limited, but unlimited.**  
**You are not doubtful, but certain.**  
**You are not an illusion, but a reality**

*A Course In Miracles, Foundation for Inner Peace*

## **Transformation**

The man who mistakes his ego for his real Self walks the world upside down. He literally walks on his head and the world he sees is the wrong way round. He sees reasons for separation in everyone around him. His perception of the world is one against which he must constantly defend himself. Every situation is one to be overcome through struggle and survival. Every day is a day closer to his primary fear; ultimate separation through old age and death. He believes that something is wrong with him; that he was created faulty. He cannot understand why he does everything that ultimately works against his happiness; he doesn't understand that his mistake in identifying himself with his ego enforces its belief in separation. This limiting belief makes him see a world that does not really exist but a nightmarish prison in which he is incarcerated.

The Hero's Journey must take him, figuratively, into the laundry baskets to discover the real Self – the smallest of the baskets in our illustration. This is a journey, not of trying harder or doing well, but of letting go. It is a journey, not of perfecting technique, but learning how to quieten the intellect and to take charge of his thought life. It is not trying to get stronger but by discovering the strength that lies in vulnerability. It is not about giving a partner more pleasure but, rather, learning how to be fully present and aware of feelings that are an infinite source of pleasure when two people are in intimate connection.

It is a journey that everybody can take, regardless of the apparent complexity of the presenting complaint. It is made possible through an environment of unconditional love, the absence of judgement, and the elimination of the possibility of rejection. Most

important of all, it is made possible through the courage and motivation of the individual himself.

The amazing thing about the ICASA programme of Surrogate Partner Therapy is that the problem the client perceives as purely being a sexual dysfunction or anxiety becomes the catalyst for a completely transformed life experience. I have often seen a man, arriving at our clinic as someone who feels that his life is as good as over, leave at the end of his therapy course as someone for who life is just beginning. I have also seen, too many times for it to be a recurring coincidence, the client come to his appointment towards the closure of his therapy programme saying *“You’ll never guess what’s happened to me. I’ve met someone and we have really connected. I think it’s going to become an intimate relationship”*. I’ve got letters on file of clients who, adult virgins when they arrived at our clinic have written informing us of their wedding. I am never surprised. These are not coincidences; it is the result of someone who has turned around and is walking the world the right way up. Identifying only with their ego fears and their conditioned mind, they could have literally bumped into someone with whom they could have formed a life relationship and they would not even have noticed what had happened. Viewing the world the right way up opens their eyes to the daily opportunities for happiness that surround us constantly. Their life is no longer a nightmare of separation; it is a glorious dream of life lived to the full.

The novice becomes the expert.

The virgin boy becomes the superior man.

The fearful becomes the lover.







Chapter 9:

## **The Heroes**

*I would like you to touch me as if you had carved a sculpture,  
and were now feeling its finish, smoothing out any rough areas,  
enjoying the finished product.*





The purpose of this chapter is for the reader to gain some further insight and empathy for someone who is in the process of Sexual Healing through Surrogate Partner Therapy.

I pondered over what approach to take without, on one hand contriving stories, while protecting confidentiality and privacy on the other. Gradually, and in seeking outside advice, an awareness grew within me that it would be the most helpful to follow the client's progress not through his own words but through those of a surrogate partner.

I selected the following four clients partly for the cross section of ages and partly for the mix of presenting complaints. In our sample of four clients there is one 48 year old virgin, a 54 year old divorcee with premature ejaculation, a 35 year old who had never masturbated or consciously ejaculated and, finally, a 41 year old man with performance anxiety and severe fear of intimacy.

The cases begin by a brief description of the client and his presenting complaint. This description is then followed by actual extracts from the journals of the respective Surrogate Partner, which are written after every therapy session. Surrogate Partners are trained in their journal writing to be brief and factual; above all, to be authentic in their feelings and hopes with regard to the client and to the status of their relationship with the client.

The names and factual social details of the cases have been changed. The Surrogate Partner's words are edited extracts from her actual journals. In all cases she has given permission for them to be reproduced in this edited form.



## Harry

*I would like you to caress me as if I were made of dry clay,  
and by dampening my skin you enliven my spirit.*

**Harry was a 48-year-old mechanic. He was a very painfully shy individual who had particular difficulties making contact with women. He had a range of interests one of which was a singles club that he would attend; when he attended there he would just sit on his own because he was much too anxious to approach the women. Over the years he had done hundreds of hours of therapy, some involving social skills but it was clear they had not worked. At 28 he was so socially phobic he could not even leave the house. Harry very much feared the unknown and had suffered from bouts of depression.**

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*Harry looked a bit untidy, was very anxious, he looked away a lot when we were talking; he made himself “appear” to be distracted. I found out that this was a ploy to get the “spotlight” off him. He told me he feels like girls are the “enemy”...then he apologised as he realised that included me! Harry is verbally very negative and he keeps scrunching up his nose. I would say “Did you enjoy the session today?”, the only reply I had, - SCRUNCH!*

...Wearing the same clothes as last week...they didn't seem any cleaner. In the eye gazing exercise he kept saying, “stare” instead of “gaze”. He said that he felt less self-conscious during eye gazing today. During the hand caress Harry said that it was the first time a woman had touched him tenderly and it had brought on thoughts of his Mother “picking my spots”. He also said normally he would

flinch if someone goes to touch him. Today he opened up his thoughts and some of his feelings too.

*...A little glimmer of a smile! I noticed though that he's not making much effort with his clothing. He was actually very communicative at the beginning of the session. He giggled a lot during the hand caress so I taught him how to clear his mind of thoughts and to concentrate on touch. He was very relaxed in foot bathing but I noticed that his feet smelt a bit. He was also very relaxed in the face caress, but when I asked him how he felt after the face caress, he literally clamped up. I asked to hold his hand...said we have shared some special intimacy...that talking was just part of that sharing! He said that he had never let himself like anyone because he was afraid he would be rejected, but holding hands at the end he said "But I like you", I said, "Am I allowed a hug?"...he said, "Of course you are"...When he said, "I like you" it was really special...I recognise the courage it took him to say that and the happiness I saw in his face when I said, "I like you too". Harry was so enthusiastic by the end of the session that he said, "If you said shall we do it all again. I would!"*

...Today he actually got up and hugged me! Harry was visibly nervous in the first nudity exercise...then he felt fearful and overwhelmed with emotion after the melting hug. In the mirror exercise he stood at the edge of the mirror and kept peeking at himself then moving out of his view. He seemed afraid of looking at himself...Harry kept saying he wanted to cover up...it took a lot of encouragement to get him to stand in the mirror so he could see his whole body... He also refused to speak about his penis. He said, "I'M NOT", but eventually he did. In cuddling he kept laughing...I asked him "what?" and he said, "Nothing"...I said, "well something made you laugh". Then he confessed he was trying to think thoughts so he wouldn't get aroused because he thought he was going to. At one point he said, "Its sad...it's sad that I have never done this before."

*Harry was less self-conscious this time. He was able to talk to me openly about how he feels about all his body parts. When it came to*

*his penis, he showed a lot of discomfort and stubbornness, but I encouraged him to finish what he wanted to say. He wanted more cuddling at the end of the session...he's definitely making steady progress on body image and overcoming self-consciousness; he's fun and a funny guy. I find he has a peculiar charm about him...like a diamond in the rough.*

Everything was going well, he actually showed through facial expressions, 'a smile', that he was happy to see me when we met this afternoon. The back caress was going really well and he was positive saying that's great etc. etc, until front caress where he was passive. He said he felt all exposed, that I could see his face and penis... he showed signs of distress facially and he covered up his face with a hand...and obviously scrunched his nose! Harry is making slow progress with nakedness, but he's still not comfortable...needs a complete mind change before we take another step forward.

*...Said "Hello" and hugged me quite boldly today...he didn't scrunch up his nose...made giant steps today, and he was relaxed and sensuous truly! When he was active he was getting lost in the sensation he was finding from caressing my body. He said to me, "if you had complained about that caress, I wouldn't have come back again"...but then watching the blissful expression on his face when he was passive was wonderful...He is getting so connected to who he is and his sensual needs and desires...he didn't want to leave...he told me he doesn't notice the clock ticking and a whole day would be better! I wish I had an insight into this transforming creature because I would dish it out to everyone!*

There was a glint in his eye today as he stood up and gave me a big hug! Harry had definitely made an effort; he smelt much better than usual, I think he must have had a good scrub before the session! Harry was much more relaxed, he is making excellent progress, becoming comfortable with nudity and intimacy. We moved onto the anatomy guide. Harry ran off many slang words for the various parts of our different anatomy but decided he was going to call my vagina *Sugar* and his penis *Spice*. He was quite keen to get a good

look during the anatomy guide and this surprised me considering he was almost vagina-phobic but he was really interested in this part. During the hand guide I gave him some verbal encouragement. I started to enjoy free hand...made some light cooing noises when Harry suddenly and abruptly called out, "is this for real now?" I told him "yes" and that I never fake it, not ever!! I really loved his huge hands on my breasts! Harry then went on to tell me that he had been brought up to believe women don't enjoy sex and that they do it just through "marital duty". He kept asking me if I liked what he was doing with his fingers but then went on to say he felt he should have put on latex gloves that he wears for work before "delving into my sugar pot"!!

*The first thing I noticed about Harry today was his dirty fingernails and dirty hands. We need to work on his hygiene. This session felt very much like a counselling session and teaching him how to be loving and not unforgiving to himself. He was so fearful and hurting when he came to talk about his penis...Lots of hatred and unforgiveness came through for people from when he was a child. We spoke about the power of forgiveness and how holding on to hatred dis-empowers us and hurts us. When it came to self-pleasuring he just could not arouse himself, he found it very uncomfortable. He was open and responsive in hand guiding and free hand, which were very good. There is a problem though; he really needs help with his hygiene. It's such an important thing. When I helped him pull back his foreskin today there was a terrible smell and creamy stuff gathered underneath. We need to address this before we move onto the next step. We finished the session today in spoons. Harry said, "this session went from agony to ecstasy" – agony talking about his feelings to ecstasy through a loving touch.*

Harry was highly stressed when I first walked into session. He said, "I want to go home, I want to go home, I've failed here. Lets just do what we've got to do, then I'm not coming back again". He was acting defensive and stroppy like a child having a lollypop taken away. We then had a shower together...he thought the shower was going to be awful and degrading, but he thoroughly enjoyed the whole experience! He was able to fully relax as we cleaned each

other. I showed him how to pull back the skin on his penis and wash it properly. He had a full erection during this shower. After I had showed Harry how to clean his penis I asked him if he thought he knew how now. He said to me, "You better just check again!!" This was playful sexy banter from him!! I positioned myself in the shower so I was in front of him and facing the mirror...I said, "Harry, what do you see when you look in the mirror at me?" He replied with an emotional gush, "A beautiful girl!" We continued with our shower...after a while I moved so I was behind him and he was in front of the mirror. "Harry ask me what I see when I look at you." He hesitated but then asked. I said slowly and with meaning, "A beautiful man"...he was totally over-whelmed, he put his hands over his eyes and let out a little cry...everything was emotionally torn at the beginning of the session but it soon was blissfully relaxing, calm, reassuring and fun. Harry is definitely coming back!

*He loved the shower together. He looked like a new man all shaved and clean, that's where I introduced him to kissing. He was totally clean and ready to progress to something new. We moved through to the intimacy room. I initiated him into soft kisses and non-demand kiss/lick of Spice. I asked him if he liked the sensations and he said, "Yes, its delightful isn't it?" I just adore him; he is a rose without a thorn, absolute sweetness! Harry is definitely less self-conscious and more in tune with how his body can receive sensations. We had a talk at the end of the session and he said to me, "if I am not good at something or I need to clean or something, tell me because I don't know, you see!" I told him that this was very mature to tell me and honestly I found it heart stabbing to think of how much courage it must have taken for him to say that to me!*

My first impression of Harry today...WOW! You scrub up so well! What an effort he had made, you would have thought he was a new man, he was fresh faced and happy which was so great to see. He told me he had met someone and she is now his "Girlfriend"!! He said to me that he felt "unfaithful" to me now he has a girlfriend, but I told him that I'm so happy for him and I wanted to find himself someone to love. He said that he liked me but I was too unobtainable so "I had to go and get me own"!! I told him that I was

so happy for him! He thoroughly enjoyed the shower; he was able to ask me lots of questions about what I like and how I liked it. He attempted oral love but after a short while he said, “*I’ll come back to that!*” Apparently he wasn’t keen on the taste, he said he preferred the lips on my face...as I was lying on the bed Harry stroked all over my body, then stroked my face, kissed me gently and said, “*You’re so beautiful*”. What a transformed man. So much has changed for the better. His confidence has grown phenomenally.

*I feel very, very blessed to share this time with a total metamorphosis, a true human butterfly! Everything has changed in him, everything that could be wonderful and good and happy and connected has happened! To begin with today we chatted about girlfriends and things like that, I explained that it’s okay to touch each other at the same time. So, permission asked first, I straddled him on the sofa and we undressed each other. We had a very sensual shower together and then went to the “Sexual Healing Room”. We played “Slip and Slide” with lots and lots of slippery oil and at one point he said to me, “This is the best experience I have ever had in my life”...he kept asking to look into my eyes...if I closed them then he would ask me to open them which is a total transformation compared to a few weeks ago when he used to look away and down each time we spoke. While mutually playing with “sugar and spice”, I built up to an orgasmic level and just as I came Harry said, “Is that it then? Are we done?” Talk about killing the moment! Still a little bit of verbal fine-tuning to do! I never thought, (though always hoped) that Harry was a thoroughly passionate man but today I saw and felt his true core self.*

## **Closure**

I must say that the whole of the closure with Harry will eternally be embedded in my memory. He started by saying “*I’m really going to miss you, but you probably won’t miss me...to you I’m probably just a number, someone else will fill my place. They will come and you’ll forget me*”. That really plucked at my heartstrings. I quite literally felt something tug inside me. I said, “*You’re so much more than a number, Harry. You’re a warm and open and a wonderfully loving person*”. We spent some time

hugging and kissing and abruptly in Harry's style he said, "*You're holding and touching me differently today, feel stronger*". I told him that must be because I knew we wouldn't see each other again, so holding him was extra special because it was the last one. I asked him what his favourite part of therapy was and he said, "*the first time that you kissed me all over my body. That was delightful*". So I kissed him all over his body for the final time. He told me that I was going to be a hard addiction to break. I said, "You mustn't see me as that, you must see me as a stepping stone to your future and I would be really happy to know you could go out there and experience new lovers and open your heart to love". Harry said, "*Yeah I know, but I'm still never going to forget you...because...you know?!...You were my first*". I said it would be impossible to forget him because he's such a character and so funny and fun to be with. I asked him what feelings had he experienced during therapy..."*Every feeling! From torturous feelings to total ecstasy...sometimes both in one session!*" I told him all feelings are good in some way and that to love and to cry you have to be open to both experiences. In fact, it was because I cried I had let him in. But tears are a gift from the soul to allow the spirit to heal. Harry told me how he had always battled with his emotions previously and had had many long and lonely periods in his life when he had felt depression; that he felt he always "bottled up" his feelings BUT from now on he would allow his feelings to come to the surface. He asked if my tears were for real and then looking into my face I think he found the answer, maybe eyes really are the window into the soul and even though we were already lying together he said in a gruff, deep and genuinely affectionate way, "*Come here, let me give you a hug. I'm not used to this! People usually can't wait to see the back of me. I find it overwhelming that you really care. To start with I thought you were faking!*" I said, "I've always been real with you, Harry; everything I've said, I've meant. Everything I've done is because I want to, not because I have to. If I were pretending I'd have to be an actress or prostitute. I'm neither! I've felt genuine bonding form between us; *don't cry because it's over, smile because it happened.* We reminisced about how he used to be from putting his hands over his face or looking down when I looked at him to... SWOOSH as if by

magic... if I ever closed my eyes during intimacy he'd say, "*open your eyes, I want to look at you!*"

What an amazing transformation in him...he's a lovely man...that's why it's been so sad to say goodbye. Isn't it absolutely staggering how much a person can change for the better?!



## Tom

*I would like you to touch me as if my skin were soft velvet.*

Tom was a 54-year-old professional. He was separated from his wife with whom he has been married for twenty-four years. She had admitted to having several affairs, one with a close friend of them both. He had four children with his wife. After the marriage ended, Tom felt suicidal. He developed clinical depression. Tom suffered with premature ejaculation and had done so all his sexual life. The only way he made sex last was to try again later on when there was less sensation. He suspected that this was one of the main reasons for his wife's dissatisfaction and the resultant breakdown of their marriage.

*...His face lit up when he saw me! We talked a lot...he's absolutely at the lowest point of his whole life...how... "everything now has been destroyed". He cried quite a bit...he was told as a child, "this family doesn't cry"; no one in his family was ever allowed to cry. He confessed that for the last year he had cried more than in the rest of his whole life. I told him that it's always okay to cry. I really love him already. Tom is so, so, lovely.*

He's quite deep and mysterious...eye gazing would be soul searching...potentially you can see the faces of the soul. He was so

open to me. I caressed his hands and he was very relaxed...when he caressed mine he enjoyed it so much he caressed them for fifty minutes! I asked him how he felt during caressing me, and he said, "I felt like I was lost in time and floating on a cloud".

*He had a bright look in his eyes today and he was smiling a lot. He told me that he had enjoyed the last session and has high hopes for this one too! We chatted for ages!*

*I felt so welcomed by him today. He enjoyed his feet being caressed but not as much as his hands. He is definitely beginning to relax and enjoy things more. He didn't want to leave today...said he can't wait for the next session.*

...in a great mood today...he had bright twinkling eyes. He loved face caressing...said he recognised areas that were so very sensitive. He was really nervous before the first nudity practice...said that he tried to see the beauty in a naked body but he doesn't find nakedness beautiful...he really melted into me in our melting hug...and spoons cuddling... he was finally able to relax.

*He looks so happy when he sees me...so friendly and communicative. He needs a lot of time chatting. We moved on to back caressing...Wow...it was beautiful...he touches amazingly well, he is so present in touch.*

Tom was wonderful today...so happy, very relaxed...he makes me feel 100% relaxed in his company and in his hands. Tom was able to be aroused, relaxed and erect...very smooth. The session was great. He left telling me he feels his sensuality returning.

*I was greeted with a big hug today...it was good to see him again...what eagerness he has today, real zest and enthusiasm that he just didn't have before. Tom said he had been looking forward to a hug from me. The anatomy guide was good fun...I'd previously told him about the G-spot and he said he didn't believe it exists...Tom is becoming more and more light-hearted and happy. It's a lovely thing to witness.*

We laid and cuddled...we were both very relaxed and chatty...then moved onto hand guiding. This went well. As soon as he touched my breasts he said, "Well I don't know if this is working for you, but it is definitely working for me"! Free hand was also very good. Tom has such a lovely touch...

*We chatted openly about Tom's penis and his feelings about it. He was relaxed...enjoying the sensation in the self-pleasuring exercise. Tom got an erection immediately in hand guiding and when he was caressing his penis.*

...My whole body whooshed while he caressed me...during oral loving I had two orgasms... afterwards we had an amazing time just cuddling and he fell asleep. He makes me so relaxed I even nearly fell asleep. We were happy 'just to be'.

*As soon as Tom saw me today he said he felt better for it! I have noticed that every time he talks about his wife his lips go tight and mean. He told me today that he is in a rough time of life and his sleep is restless at night because of it. We spent time touching each other...this was the first time we reached mutuality. Tom told me today, "I've completely changed. I never used to like cuddling but I love cuddling you".*

...Cuddles to start with today...he loved being active in oral loving...he was aroused and wanted to know "what else was on the menu"...outercourse was very arousing for both of us...and some more oral and talked together about ejaculation. Tom said, "You know I came here with premature ejaculation"? I said, "I know but you haven't got it now"...at the end of our session he was able to come, but only when he chose to. When Tom realised he didn't suffer with premature ejaculation anymore it was like self-realisation for him, "you know I came here with P.E"...after two whole hours of being erect without ejaculating!

*We had long cuddles and chat...some more cuddles...some kissing...we moved on to mutual caressing and outer course...then*

*we had intercourse...he decided not to ejaculate! He told me afterwards, "I stopped myself several times from coming and was able to carry on! I could never do that before"!!*



## **Joel**

*I would like you to touch me as if your hands were sponges,  
soaking up the essence of my being.*

**Joel was a 35-year-old West Indian. He had a rather strange sexual history, which had been very much influenced by his upbringing. In his teens he wasn't interested in sex, he attended an all boy's school. Joel had his first date at the age of twenty-five, they kissed but it never progressed any further. He felt rejected when trying to meet women as he didn't feel masculine enough. His parents were very religious, his mother so inhibited she wouldn't let his father kiss her at their wedding. He was brought up to believe in no sex before marriage. Joel had a very real revulsion to the whole idea of sexually pleasuring himself and had never masturbated and never experienced ejaculating except as an involuntary 'wet dream'.**

*Joel is quite eccentric but I think he was acting like this because he was so nervous. I can tell he is not used to touching...he even backed away slightly from the initial hug. During hand caressing we had to take it very slowly...trying to get him used to the feeling of my hands touching his. He was very tense so we changed the pattern and I caressed him for two minutes then stopped; then four minutes*

*then stopped, this definitely helped him. He became relaxed while I was caressing his hands but then it was his turn to caress mine. For the first couple of minutes he saw this as a hard task, then for the four minutes it felt as if all his concentration had gone. This is a whole new learning curve for him...he isn't used to pleasure and he doesn't understand the sensations it gives him.*

We had a much better hug at the beginning today...he's beginning to give himself permission for pleasure. He played around with the cushions for a few minutes before we started today...I think he was trying to stay calm and give himself time to breathe. We started by me caressing his hands, arms and then shoulders...eventually he became more chilled and started to really enjoy it...we swapped roles; it was Joel's turn to caress me. It felt very surface and squeazy but by the time he moved on to my arms and shoulders his movements began to flow...much more sensual...he's starting to really think about his whole outlook on pleasure...it's still an alien concept to him at the moment.

*...Far more relaxed. Today during foot bathing Joel started to touch a lot more than usual with more tenderness; this is a big change for him...during the face caress he was relaxed and actually enjoying it...when I reached his neck he began to get a bit twitchy...but still he didn't say for me to stop...he just told me that he was experiencing new emotions and sensations. He has a short attention span, so when it came to the eye gaze he quickly became bored and his mind wandered off. He needs to gain control of negative thoughts that run through his mind and allow himself to experience pleasure.*

...face caress...I was active first...he got an immediate erection as soon as I touched his neck...he's beginning to enjoy the sensations. We did the first nudity exercise today...he was quite anxious at first; he was showing quite aggressive body language...gradually he became more comfortable. We sat and chatted for a while afterwards...I wanted to put Joel at ease...he is not used to being naked with a woman, but sitting next to me he relaxed and was chatting...laughing away, despite being naked. During a deep

melting hug Joel felt like cardboard, making sure he kept his bottom half away from me but he did hold close...he told me that the sensation of this new experience “blew him away”...cuddling, he had a full erection. He seemed to get some enjoyment from today.

*Joel was so much more positive about his body and his penis today in the mirror exercises. He actually appreciated his body more than he ever has before; it was a pleasure to hear this from him. When we were in the deep hug Joel was immediately comfortable with me, even with his full erection he stayed put and gave into his new sensations naturally. This session has been a lot easier and he is so much more confident!*

For some reason Joel was rather anxious today. I suggested we do spoons-cuddling for five minutes...to help him to relax. He became comfortable and enjoyed watching my self-pleasuring ... he looked and touched and asked good, open and honest questions. This was very much a sense of discovery for him.

*Joel was a lot more confident than last week...and he had a full strong erection from beginning to end, he even invited me to touch it. This made me realise he was ready to move on!! He enjoyed kissing...he was very enthusiastic! He loved the touching, both when he did it and when I did it. Things are progressing fast.*

...he's now very confident. In mutuality he didn't have to think about what he was doing, it just naturally flowed. He was able to do what he wanted; he was more fast and furious...not really slow and sensuous...but a lot more sexy than ever before. We had condom practice and his erection stayed throughout...we went back to mutual cuddling and caressing and he wasn't so vigorous...and he ejaculated without a problem.

*Joel's confidence has improved yet again...and he can put a condom on perfectly! Joel's movements are better. He still likes me to be in control but he does what he needs to do for his pleasure as well as now...*

Joel was very real, sexy and took control well! He was relaxed, really enjoying it, he moved freely and ejaculated so much easier. What a great final session, Joel has such great erotic potential now I know he will be able to go onto make relationships and find happiness.

### **Closure: By Joel**

*I am now far more relaxed. In fact I can be a bit blasé about the whole sex thing now! I am looking to the future. The quieting of mind is something else. I gained the ability of shutting out distractions and negative thoughts, I have a smile on my face and I am so helped - its life changing. I have started salsa classes and have my eye on a woman there. On my next class I will talk to her. This great big cloud has been taken from me. Thank you ICASA.*



## **Patrick**

*I would like you to touch me as if I were a rare jewel,  
precious and valuable.*

**Patrick was a 41-year-old man with a great problem with intimacy; almost phobic in his avoidance of relationships with women. Patrick comes from a very dysfunctional family; his father was an alcoholic who fought constantly with his wife and as a result Patrick was brought up thinking shouting was the only form of communication. His mother was psychologically disturbed and abused him emotionally throughout his childhood. He was not allowed to spend any time with his sisters due to the fact his mother thought he would sexually assault them. Patrick**

**had a problem with alcohol from the age of fourteen and was put into a children's home for acting delinquently.**

*First meeting with Patrick...he didn't get up out of his seat to greet me but he seemed really happy...in fact he was really smiling...a deep conversation...he told me about how he was physically abused by his mum. He was slow talking...lots of pauses...he has a lot of barriers and is obviously afraid of intimacy and closeness...said that all his life he has wanted an intimate relationship. We had a melting hug...it was like we made sunshine together...we connected so well.*

...he was very tense today...talking about himself a lot, acting nervously...today we were touching...objects, hands and face caressing...Patrick analyses the sensations, what he likes and dislikes rather than actually enjoying the feelings and taking it in to experience...feeling pleasure from it.

*Today, he's dark...wasn't in the mood for talking much, which made it difficult to make conversation...he uses "yes/no" answers and felt detached somehow from where we were. He softened though and became more real with me once we started our caressing exercise...he seemed more comfortable... although his touch was nice, it is not sensual. We had a long, close, naked hug and cosy cuddling. While we were laying down together he opened up...told me he knew he was putting up barriers...because of his childhood...he knew he was avoiding closeness. He admitted he was having problems finding feelings...he felt like a "blank" man...as he left today he was genuinely saying "thank you" to me. I can see the personal progress he's making and it's wonderful...*

...seemed distant towards me today...no eye contact; in fact he seemed lost and confused. I encouraged him to tell me his feelings and thoughts; I had to help him open up big time today...he was feeling the fear that he has lived with since being a child. We talked till he felt comfortable...then moved on to self-pleasuring...he said that the more he touched himself, the less he felt...said, "I feel anaesthetised and not here in my own body"...he told me he had always associated touch with pain - not pleasure. At the end of the

session Patrick apologised for the way he had been feeling today, I told him he has NOTHING to be sorry about.

*He's smiling again today...showing inner-happiness now rather than just a facial expression...light and spirit beginning to shine through...I am so pleased for him. Through a combination of touch and kiss, Patrick said he felt a huge connection today. I didn't notice any sign of arousal in his penis but I did notice a feeling of awakening within him as a person...*

...he's quiet and withdrawn and deep in thought today. We started with front caress...verbalising what he likes and doesn't like...after a while he said, "we're going to have to stop there"...spent time talking about how he feels... anesthetised when I touch him...I'm not sure if he's getting any feeling at all; we will have to see his mood next time.

*I'm really happy...Patrick had a special light in his eyes again today...I felt tenderness and gentleness towards him...he was open...a great connection between us today. Front caressing the chest and arms...and guess what...he actually felt it!! This is the first time ever he has said he enjoyed touch – "I can feel it...it feels nice especially when you covered my chest in kisses and stroked your face on mine"... he felt the tenderness I was feeling.*

We spent a long time talking about love and letting in joy. We started on a front caress...Patrick got a full erection...he was so pleased that now when he gets an erection, he can tell...he explained it as a trigger being set off in his mind! I feel ever so much closer to Patrick all the time now...he promised me as he left today that he would have a fun and joyful day.

*...a lighter sense about his mood today...he tapped into his passion...it surfaced during our shower together...we were mutually fondling each other...his breathing was very rapid at one point...afterwards he said he really enjoyed himself. He knows he needs to still let go a bit but, hey, what a different man!*

...he seemed happy and confident...he certainly revved up a gear today...mutual kissing and touching...more involved than previous sessions...maintained an erection for about an hour solidly...he was thrilled that he stayed aroused for that amount of time...there has been a real change in him today. Afterwards he was very relaxed...friendly and chatty person shone through!

*...he's found some inner-happiness! We spent some time chatting while we hugged...we started front caress and some "oral loving"...Patrick had a erection...I asked him how far he wanted to take this...he said he would just like to cuddle and talk – so we did! When we were saying good-bye he was so happy and smiling so much, I saw both rows of his teeth!*

Patrick was in a good mood today, no dark or brooding side of him coming out...I wanted to help him experience passion again but it seemed to become a bit technical. I had to help Patrick along with the technical side of touching my vagina as he was two inches out of position when he thought he was rubbing my clitoris! He spent a good while caressing my whole body with lotion and touching my breasts...I felt his erection on my arm. He is being more humorous, laughter keeps surfacing and his spirit is breaking free.

*We started the front caress and I said to Patrick to just allow his thoughts to pass aside and just let the sensations flow. I caressed his chest and belly and gently kissed him...I looked down at his penis...it was fully erect and throbbing...I caressed and kissed his penis. We talked about how he liked to be touched and kissed and repeated the same thing. Once or twice his erection waned and each time he was able to regain his erection...he is beginning to gain control. It was a miracle sharing this with Patrick today.*

We were playing *Slip and Slide* today...Patrick was intrigued by the idea of it before we did it! I put the timer on for twenty minutes and off we went! Lots and lots of oil all over us...Patrick said he had a stirring in his genitals whilst he was slipping and sliding up and down my bum!!

*...we are deepening our relationship; he's letting me get closer. He gave me much more of himself today; affectionate...cuddling...started caressing each other in this position but it was actually Patrick who moved out of this position to start kissing...this is excellent for Patrick, very bold...after a short time of kissing and caressing Patrick asked to make love. What an amazing breakthrough...*

## **Closure**

I never saw Patrick again.

He told me in the last session that he had been offered an amazing job abroad and that he thought the move would do his career a lot of good. We didn't have a closure session, which is a shame. I believe he was right at the point of a major breakthrough of that dark cloud that hung around him and was only moments away from happiness. I do hope that he was able to find sunshine on his own because he deserves so much happiness in his life. I miss him.

Goodbye Patrick.





Chapter 10:

## **Frequently Asked Questions**

*I would like you to touch me as if you gained your nourishment through your hands. Feed on me, drink deeply, and draw from your touch the love that I hold for you.*



**Question:** *Everything that I have generally read about sex therapy advises that, in looking for a therapist, I should enquire about such things as the qualifications and legal status of the therapy involved. What qualifications do you or the Surrogate Partners have to equip you for this work, and what is the legal position of Surrogate Partner Therapy?*

**Answer:** The qualities and requirements of a surrogate partner have already been discussed in Chapter 6; most importantly, it is wise to ask where the surrogate partner received his or her specific training. All surrogate partners at The School of ICASA have undergone continuous ICASA training. In the US, I would recommend that anyone considering surrogate partner therapy should contact *The International Professional Surrogates Association (IPSA)* and potential surrogate partners should, therefore, be IPSA trained. The same criteria of *specific training* apply also to supervising therapists and ICASA Mentors. I am also a qualified therapist member of the International Professional Surrogate Association having undergone training specifically in relation to surrogate partner therapy. In the case of Surrogate Partner Therapy at The School of ICASA in the UK, we are also well served by professionals of other disciplines, such as qualified medical doctors, psychologists and a range of therapists and consultants to whom we defer and with whom we consult on specific issues that arise from time to time. The School of ICASA is a corporate member of the British Holistic Medical Association.

The legal status of surrogate partner therapy is undefined in most of the UK and US and in most of the countries around the world. This means that there are generally no specific laws regulating the profession. IPSA have a Code of Ethics and given the fundamentally therapeutic nature of the course, there is nothing that takes place that could be defined as either indecent or illegal. The therapy course is designed for the improvement of the client's emotional, spiritual and mental well-being and level of personal confidence through communication, social and sexual skills. Importantly, both IPSA and The School of ICASA are completely open about the therapeutic model conducted, as demonstrated by a policy of relationship building with the professional therapeutic

community and a reserved co-operation with the media. Vena Blanchard, President of IPSA, writes: *“It is not uncommon for uninformed individuals to jump to the inaccurate conclusions that SPT (Surrogate Partner Therapy) 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, though unregulated, is completely legal.”* Far from the legal definition of lewd behaviour which is how the law in the UK defines illegal sexual activity, the objective of sexual healing with the use of surrogate partners is to equip the individual client with the skills needed to restore or rescue an otherwise failing relationship or, as in many cases, to equip that individual with the skills and confidence to be able to form a relationship for the first time in his or her life.

There are no traditional or conventional qualifications for surrogate partner therapy that will satisfy the sceptic. Until such time as this approach to sexual healing becomes accepted as mainstream by governments, universities or drug companies, effective therapists in this sector of the healing profession will find their way into it through a diversity of unconventional routes. My counselling and therapist training and experience cover thirty years. I am an Interfaith Minister and spiritual counsellor, ordained after completing formal study at *The Interfaith Seminary*. Yet the qualifications in which I am the most confident are most are born out of sixty years studying at the University of Life, thirty four years of happy marriage, raising three children all of whom are themselves in happy committed relationships bearing six grandchildren to my wife and I between them. I sometimes can only smile when clients tell me that although they have been to see their GP to discuss sexual anxieties and insecurities they were of little or no help. What is it that makes us assume that a GP is an authority on sexuality? Or even

relationships for that matter? Issuing a prescription for a little blue pill may be the only relevant action for which that learned GP is actually qualified.

**Question:** *I'm part of what you have referred to as the "more repressed section of the media in the UK". What do you say to the accusation that surrogate partner therapy is simply another form of prostitution?*

**Answer:** People who are discovering the work of Surrogate Partner Therapy always ask this at some stage or other. Representatives of the media at large particularly love this question. In all honesty, I am a little bored by it and have to restrain myself from answering along the lines of "*Oh, for goodness sake, not that old one again...!*" My second reaction is to wonder why their mind automatically associates sex with prostitution...

To attempt to answer a little more seriously; those who confuse surrogate partner therapy with prostitution are not only grossly incorrect, but are demonstrating a fundamental lack of understanding about the true nature of Surrogate Partner Therapy on one hand and, actually, of prostitution on the other.

In reality, the two approaches to sexuality could not be more different. They come from two opposite wings, prostitution from the Outside-In wing and surrogate partner therapy from the Inside-Out. 'Sex' is a modern Western word, which has been used to define activity between two or more people involving genital touching, and in particular, sexual intercourse. While it may be possible to attempt to sell or purchase sex as an activity, it is no more possible to buy or sell *sexuality* than it would be to attempt to buy or sell the air that we breathe.

Separating sex from sexuality is contrived in order to do what otherwise would be impossible; to buy or sell the genital activity without touching the core elements of the people who are

engaging in that activity. Such an attempt is uniquely damaging to the psyche; separating sex from sexuality in order to ‘package’ sex for money will unavoidably affect the core, and with inevitable negative as distinct from positive results. Sexuality itself cannot be bought; nor can it be sold. Behind the seductive lights and suggestion of easy, uncomplicated sex that prostitution offers, there are potential dangers involved on physical, emotional, psychological and spiritual levels. On a physical level it is important to realise that the management style behind many prostitutes is based on coercion and violence; the need for drug money or to ‘pay off’ blackmail or other extortion. As stated by Masters and Johnson (Human Sexuality Fifth Edition 1995) *“Virtually all the prostitutes in Europe and America today entered their occupation for economic reasons...many, although by no means all, have pimps with whom they share their income. The pimp provides affection and protection, arranges bail, is available for an occasional loan, and often helps obtain customers...a pimp generally manages several prostitutes.”* Sometimes, prostitutes or their pimps assault and rob their customers knowing that there is almost no likelihood that their crime will be reported to the police. Sexual health risks are also high, particularly in some of the more squalid ends of the prostitution spectrum. Quoting again from Masters and Johnson *“Many prostitutes are intravenous drug users and rates of being infected with HIV are quite high; in one survey, 26.2% of prostitutes (in Miami, USA) and more than half of drug using prostitutes (in New Jersey) tested positive for the HIV virus.”*

On the emotional and psychological levels there is also a great potential for harm to both the customer and the prostitute. Women who have either been, or currently still are being, abused or dominated by men are often those offering prostitution. The resultant hatred for men is a motivating force in many prostitutes; the effects of such an internalised emotional environment for both customer and prostitute are invisible but palpable.

Spiritually, or at a core level, the prostitute is dis-empowered and the customer is paying for the perceived right to exercise power over the prostitute. This contravenes all the spiritual laws of human

intimate contact, which are based on honour, equality and the mutual and equal sharing of power.

The purpose of surrogate partner therapy is the healing of the whole person from the effects of sexual anxieties, phobias and dysfunctions. Unlike prostitution, surrogate partner therapy doesn't separate sex from sexuality but treats the client in a holistic manner, helping him, or her, to integrate their mind and emotions with their physical responses in an intimate relationship helping the client to unify sexuality with spirituality rather than to live with an apparent schism at their core.

The purpose, direction and motivation both of client and therapist team are fundamentally different to prostitution and so, therefore, is the outcome. The aim and the outcome of most encounters with a prostitute is gratification of desire, or release from sexual tension. The aim and the outcome of surrogate partner therapy is healing from past sexual traumas and anxieties and an ability to make relationships or, as in some cases, to save or restore a relationship which otherwise would have perished.

While the transaction between customer and prostitute is deliberately designed to be transient, the aim of the outcome from surrogate partner therapy is cure and permanence. The basis on which the sexual transaction between prostitute and customer is conducted is purely financial. The payment by the customer is in return for the prostitute allowing her body to be used sexually regardless of the effects of such contact upon her emotions or mind. The prostitute learns how to shut down emotionally while engaging in sexual activity physically; the necessary means to a financial end. Under such conditions, the prostitute is creating a schism within herself that over the long term can do irreparable harm to the psyche.

It can be argued that in some cases of prostitution there is, albeit mostly unwittingly, a form of rape that takes place in all such encounters; if not of a physical kind, nevertheless an emotional rape due to the prostitute compromising her genuine volition. In order to protect herself from this continual violation of her free will, a prostitute will often empower herself through internalised hatred or

anger towards men in general or the customer in particular. Both prostitute and customer, at the least by a sense of emptiness and denuded self worth, will feel the effects of such repressed negative emotions. At worst, the emotional repression can break out in various expressions of physical violence.

In contrast, the basis upon which surrogate partner therapy is conducted is an emotionally and spiritually authentic relationship built between client and surrogate partner. The basis and motivation for the relationship is built upon the mutual commitment and desire for healing in the client from past traumas or current intimacy issues and sexual anxieties. A prostitute is directly paid for her services. Money exchanges hands at the time of the service and it is quite clear what the money is for. A client who is accepted on a course of ICASA Sexual Healing is paying for a complete therapeutic programme which includes an initial consultation to determine need and client motivation; a medical consultation and diagnostic tests with a qualified medical doctor to determine medical condition and cause; a psychological assessment with a qualified clinical psychologist to determine the suitability of the style of treatment with the client, a further two hour consultation with the Principal to lay basic foundations of instruction regarding the nature and objectives of the course - and all before the client even meets a surrogate partner! Every session consists of instruction, feedback and counselling and general dialogue with the supervising therapist, or mentor, in addition to the intimacy exercises involving the surrogate partner. Fees paid by the client are paid to the Therapy Centre for a complete package of therapy. At no time does a financial transaction take place between the client and any member of the professional therapeutic team (least of all between client and surrogate partner). Administrative staff deals with administration.

*“Surrogate partnering differs from prostitution in several respects”* writes Bernie Zilbergeld PhD., author of *The New Male Sexuality* (1992 Bantam). *“A primary difference lies in motivation: a prostitute has sex with clients to earn money, while a surrogate partner is a teacher and a guide. A surrogate partner will help a client learn skills so that the client no longer has a problem with his or her sexuality”*. In other words, the motivation behind prostitution

is sexual gratification in return for money, while the motivation behind a programme of sexual healing through surrogate partner therapy is the healing of an individual who has a personal presenting complaint of a sexual nature.

*“Sexual surrogates do more than simply have intercourse with their clients”* says Raymond J. Noonan of the Sex Institute, New York City. *“Surrogates spend almost ninety percent of their professional time doing non-sexual activities”*. He goes on to quote in *Sex Surrogates: A Clarification of Their Functions* - *“In addition, the surrogate partner functions as educator, counsellor and co-therapist. Clearly, the surrogate functions far beyond the realm of prostitute”*.

In answering this question in this way, I must emphasise that I am not making, nor taking, a particular moral stance either for or against prostitution. I recognise that there is an enormous variation in the motivation, expression and application of individual prostitutes and their customers and that the personal and unique character of the individual who delivers a particular service ultimately affects the results of a service of any kind. I would hate to think that my answer to a very narrow question would cause offence to anyone involved in the enormous spectrum of valuable and ethical sexual bodyworks including, for whatever reason, prostitution. I have written this fairly extensive answer to this over-used question in order to fairly represent surrogate partner therapy and to help people who require it as well other therapeutic professionals who wish to refer clients for surrogate partner therapy to identify the immediate differences in approach.



**Question:** *I'm concerned about the whole idea of sex outside marriage. Do you ever accept married clients onto Surrogate Partner Therapy and, if so, how can you justify it?*

**Answer:** We have treated married clients, both male and female, through Surrogate Partner Therapy in the past and would continue to do so but only in exceptional circumstances. There are infinitely complex and diverse situations that can arise in human lives and relationships. My view is that there are no absolutes in life and neither is there one single answer to be found either in a blanket dogmatic theological perspective or a set of rules intended to define morality for all circumstances.

Reasons for one or both spouses to present themselves for Sexual Healing, or even for Surrogate Partner Therapy, may be quite surprising to some. Someone may come to our clinic with the expressed agreement of their partner; or they may attend together. They have tried to resolve a sexual problem, often with the help of talk therapy or medication, but nothing has worked and now they have reached a point where they no longer have any sexual contact in their relationship. One partner (usually the female partner) agrees that her spouse should try an approach such as surrogate partner therapy. It may be a genuine and appropriate attempt to rescue the relationship that may be at breaking point. On the other hand, the female partner may feel that she is the cause of the problem and she has now repressed her own needs to such an extent that she is willing to suppress them even further by agreeing that her partner should use surrogate partner therapy as a way through. Is SPT appropriate in this case or not? Is there one single answer to this case or is there need for a thorough personal assessment and extremely careful diagnosis to be applied to the individual case that has been presented?

Let's take another example. A married man is referred to us and presents alone for an assessment for ICASA Surrogate Partner Therapy; he is distraught and anxious. He does not really want to embark on such a radical approach but his partner has told him that he is "useless in bed" and that he should do something about it. She doesn't care what he does but if he doesn't overcome his sexual ineptitude she will leave him and the relationship will be over. Do

you find this scenario implausible? It is far more common than you may think. Does the complaining partner have a hidden agenda in agreeing for her spouse to come to us for help? Does she secretly hope that the relationship will finish anyway, and is merely trying to expedite its demise? Or is she desperate for the relationship to survive when she has already done everything that can possibly be done within the confines of their own ailing relationship? She is willing to provide written agreement for her partner's therapy but is not willing to be consulted or involved herself in any way.

One partner may be far less experienced than the other when a couple meet and establish a relationship. Socially and culturally two individuals may come from the opposite side of the tracks. The partner who agrees that his or her spouse overcomes a sexual dysfunction or resolves inhibiting sexual insecurity through surrogate partner therapy may be already far more sexually experienced and altogether uninhibited about sex than the one who is presented for therapy. The inexperienced partner may feel under intense pressure from the experienced partner to erase an upbringing of suppressed sexual conditioning that is now a causal factor preventing the current relationship from maturing into a happy and successful one.

We have known cases where one partner within a committed relationship to need sexual healing from the effects of being sexually abused in childhood. Together with his or her partner, such a couple may have been through many years and countless hours of therapy. The strain of being the weaker partners 'therapist' rather than just being able to concentrate on being his or her lover is rapidly creating fear of intimacy in the stronger partner. In this case, surrogate partner therapy may directly help to resolve healing in one as well as vicariously in the other partner. The outcome may be the overall healing of the relationship for the long term.

A man may present on his own although he is married. The wife does not know of his visit. At the initial consultation I learn that he and his wife are in an arranged marriage. Neither have ever had any sexual experience whatsoever. To add to the difficulties he has been taught throughout his life that it is wrong to masturbate and she has been taught to avoid showing any of her body to a man. He cannot get an erection when they are in the marriage bed. She is

frozen with fear. There is a lot of pressure upon them to procreate as soon as possible. Their marriage is, as yet, unconsummated. He is an honourable man and feels that, given time, he will grow to love her. Yet despite his feelings, their families need confirmation that he accepts her as his wife. This is proven by their reassurance that the marriage has been consummated. He has absolutely no idea how to put his frightened wife at ease, to be tender and intimate with her. He has no idea *how* to touch her, let alone where. He does not understand his own sexual body and has no relationship at all with his penis.

For those who defer to a particular religious code of conduct in order to resolve all these dilemmas (and many other such scenarios that I haven't taken space to recall here) it may come as a shock to know that it is often these very dogmas that have caused such sexual neurosis in the first place. Over the past years, not only devotees from most religions have requested healing through surrogate partner therapy but priests, ministers and leaders from these religions also.

When a client who is in a committed relationship presents alone, I will resort to surrogate partner therapy only after gaining reassurances that:

- ❖ Other conventional therapeutic approaches have already been tried and found ineffective;
- ❖ The client has been referred to The School of ICASA by a referring therapist who judges SPT to be in the interest of the individual and also the relationship;
- ❖ A further assessment by a qualified clinical psychologist is gained and that I have received a written report from that therapist confirming the suitability of the particular client for SPT;
- ❖ The partner expresses his, or her, agreement to their spouse entering SPT

The programme is then embarked upon in stages, with new consultation between every stage of therapy in order to review the suitability of treatment and the affects (positive and negative) upon

the relationship outside therapy. When a couple present together, it provides a greater opportunity to help both partners and to demonstrate how to integrate the healing experience into their life together. In such cases, however, contracts between therapist and the couple need to be negotiated and agreed with great care.

In some cases, the resolution of a presenting complaint such as erectile dysfunction, premature ejaculation or painful sex is easily achieved. If so, it gives the couple more information such as the likelihood of the presenting problem being partner dependent. The partner who has experienced the resolution of the initial presenting complaint also knows that there is not something intrinsically wrong with them. This enables the couple to reappraise the problems that they have been experiencing and to focus on a revised therapeutic approach to resolve the real causal issues rather than the smoke-screen of sexual dysfunction in one or other of the partners. In other cases, the healing process through surrogate partner therapy is so profound that the whole relationship becomes 'alive' even though major decisions are sometimes required of the couple when they discover that their sex life is no longer a problem.

I would never treat one or other partner who is in a committed relationship without a great deal of consultation. Equally, I would not build up false hope or expectations for an easy resolution to the problems of a relationship simply through the intervention of surrogate partner therapy. Indeed, I would attempt to dissuade their participation in preference to a more conventional approach and also explain that the chances of success will be small.

However small the chances for success are, however, surrogate partner therapy may be in some situations the couple's only hope. Think for a moment about how you would feel if you were diagnosed with a physical condition that could lead to your death unless treated. You would immediately hope for a medical treatment that could affect your cure but with the least pain and intrusion. Perhaps there is a course of tablets...at least some radiation or chemotherapy...or...or...? What you don't necessarily want to hear initially is that you need surgery. To resort to having part of your body operated upon and maybe some of it removed is not an easy prospect to come to terms with. In many cases, however, surgery is

the only option. The chances of cure may be small; the inconvenience, pain and discomfort may be great, but it is your only hope of survival. For a relationship that is terminally wounded, surrogate partner therapy is like surgery. Pills and potions have already been tried to no avail; unless surgery is resorted to, the relationship will die.



**Question:** *What guarantees can you give that there is no chance of sexually transmitted infection through Surrogate Partner Therapy?*

**Answer:** In attempting to answer a question with such a narrow remit, I would want to re-assure either anybody considering referring a client for SPT or who is thinking of such therapy for him or herself, that it is considerably less likely that anyone could come in contact with the HIV virus or any STI's (sexually transmitted infections) through surrogate partner therapy than through any other sexual relationship save the entirely monogamous type. How many new lovers in today's society both have full medical tests including HIV and STI screening before they engage in any form of physical contact; *even before shaking hands?!* There is certainly far less chance of anyone contacting STI's through SPT than there is of a patient contacting the cold germ or flu virus in the doctor's waiting room, or a patient contacting MRSA in hospital. There is a lot less chance of anyone contacting STI through SPT than picking up a germ or virus from a fellow passenger in the train carriage or bus that takes you to work; a lot less chance, probably, than being run over by a drunk driver on your way home from work; a lot less risk than would be taken by having a casual encounter with somebody in your office or even an affair with somebody you think you know reasonably well.

What surrogate partner therapy helps a client to do is to build relationships. Someone who insists on hard and fast guarantees about being protected from the realities of life before moving deeper into life's experiences is displaying a controlling personality that can never be satisfied. Ironically, it is often the need to control that is the

stuff of a mask worn by someone who feels that life is out of control. With such a split mind, it is very difficult for such an individual to make intimate relationships with anyone.

During a Sexual Healing Programme at The School of ICASA, a client is encouraged to come out from behind defences and to take personal responsibility. Such responsibility includes safe sex. Surrogate partners have extensive training on safe sex during their induction training and monitoring on an ongoing basis. It is amazing how many single men do not carry or use condoms, even in this HIV conscious age that we live in. Through the experience of surrogate partner therapy a client establishes a good working relationship with condoms! Many men leave the responsibility for contraception to women; even if this were justified (which I do not believe) it still does not answer the need for protection from disease. Men often squirm when we ask questions about their feelings towards condoms.

These are the most common objections that men have about using condoms:

- ❖ *“I don’t like the smell”*
- ❖ *“Breaking off to put it on makes me lose the spontaneity”*
- ❖ *“They make me lose sensations in the penis”*
- ❖ *“Makes me lose my erection”*
- ❖ *“Creates a barrier”*
- ❖ *“Don’t know – I just hate them”*
- ❖ *“Can’t stand them”*

The objection to the smell of a condom generally comes from men of a certain age, and when investigated with an open-minded client, often pre-dates to the memories of gas masks worn during the war when the man was an adolescent. He can be greatly helped when he discovers that condoms no longer smell like gas masks! Correcting misconceptions and myths about the need always for spontaneity in sex often resolves the objections that are based on such delusion, and along with it, removes other pressures created by sexual mythology such as only being able to put a condom on an erect penis. It’s amazing how relieved men are when they learn how to put a condom on the flaccid penis; they soon discover that they can become erect with the condom on rather than being afraid that

they will lose their erection in the panic to get the condom on while the penis is hard! It is also a revelation for many men to find that feelings and sensations during sex get stronger by focusing within rather than simply on the surface friction of skin against skin. By mastering the art of remaining present and opening up to greater depths of feeling by opening doors to pleasure within, a man could wear three condoms at the same time and still not lose sensation! The entirely subjective objections such as ‘just hating them’ or ‘creating a barrier’ are, of course, purely defence strategies to avoid the possibility of erection collapse, premature ejaculation or having to admit that he might not really know how to put them on properly! All too often the only experience that some men have had of putting on a condom has been the proverbial fumble under the bedclothes (or worse, in the back of a car) in the dark, trying to clothe the penis with its protective sheath, ‘magically, without his partner knowing that such a practical event is taking place. It can be very difficult to unwrap the packet, take a condom out and put it on - all with one hand - while the other hand remains romantically wrapped around his partner, pretending that such ‘barrier’ as a potentially life-saving condom is not coming between them. Some men, during surrogate partner therapy, not only need the myths and misconceptions dispelled through dialogue and learning what a woman might think about the need for condoms to be used, but also the practical instruction and experience of integrating the condom boldly and confidently into the lovemaking experience. I call this step in the sexual healing process *Condom Confidence*. In some cases, to help a client overcome condom prejudice or phobia we set the client homework – researching condoms, buying condoms, self pleasuring practice with a condom on, eroticising condoms through visualisation techniques – for particular clients, in order to desensitise and normalise condom wearing, we even set a homework exercise of wearing a condom to work! He will learn by practical experience how to sexualise the condom; also what to do if the erection wanes while he is putting the condom on prior to lovemaking, and the fail-safe method of putting the condom on the penis while it is flaccid and gaining the erection after it is on. Most men love condoms by the time they have completed therapy!



**Question:** *What would happen if a client on therapy fell in love with a Surrogate Partner? How do you deal with attachment? What do you consider to be a successful outcome of Surrogate Partner Therapy?*

**Answer:** That's three questions; not one! Or perhaps it is three ways of asking the same question. Let's get started with the first part of the question: "What would happen if a client fell in love with a Surrogate Partner?". (It should be noted that some of the issues raised by this question are discussed in depth in Chapter 7, (Love, Dependency and Authenticity). I would be pleased that the client was opening himself (or herself) up to the process of healing sufficiently to show that emotions such as love could be experienced.

What is the purpose of intimacy and sexuality in this life of ours on earth? If it were purely a means of procreation, as the population were led to believe for hundreds of years of religious authoritarianism, then it would follow that married human beings would be the only people who would need sex and some would only need to engage in it an average of 2.4 times in their entire lives! (2.4 children per couple being the Western average family size). If sex was intended solely to provide pleasure, it raises the question of what kind of pleasure it was intended to provide. It is very difficult to describe or quantify sexual pleasure, and for many people, it does anything but create pleasure. The true purpose of physical intimacy and sex is so that human beings can discover how to conquer fear. Having overcome fear they are then able to exercise free will; the power to choose.

Ultimately this world and its inhabitants could be a different realm of experience altogether from the one that it is at our present level of consciousness. When human beings have learned how to conquer fear, they will produce babies through the merging of two souls and bodies where no fear is present. That would produce a completely different human race. More and more babies are being

conceived in the world today within an environment of fear. There is fear in families; fear in the bedroom. Fear is quite dominant in relationships. People are even afraid of love.

This great fear that is endemic among the human race is a fear of being separate. People use sex to try to convince themselves that they are not as separated as they feel and believe they are. No matter how many times you have sex, however, or how many positions you have sex in, it will not end the belief in separation by the act itself. Love is the energy, the life force that changes our beliefs and pre-determined ideas about ourselves and about the very essence and purpose of life itself.

Without being free of fear a person has no ability to make choices based on free will. Their choices will be based either on avoidance or craving. The person, who is without the capacity to properly exercise his volition, or will, lives life more by instinct than by choices. He is a victim to fear. Animals live primarily by instinct and that is the level that many people live their sex lives. I will often hear a man who comes to our centre suffering from life-long premature ejaculation say “I can’t do anything about it; I have to come”. I also hear many men (usually, although some women also) who are very tense and anxious, lonely people say that they “must masturbate every night or I won’t be able to get to sleep”. I listen to men who say that “I can’t keep my erection; it collapses just at the critical time” (usually meaning just before or shortly after penetration). These people are describing a life of reactive instinct.

Nobody *has* to ejaculate. In fact, the ancient Taoists and Tantrikas recommended, that in order to maintain good health and energy, men aged between 20 and 40 could ejaculate once a day; between their 40’s and 50’s once a week; between 50 and 60 once a month - and over 60 not to ejaculate at all! They knew the value of conserving energy, life force, rather than depleting it through consistent release of semen along with its accompanying nutrients. Needless to say, the philosophy expounded by these sexual recommendations assumes the ageing male is familiar with the fact that orgasm is not necessarily the same as, and should not be confused with, ejaculation. Semen was created with the purpose of procreation in mind, while orgasm is a connection with the life force that releases us from time and space consciousness. Men can learn

to become orgasmic rather than ejaculation-centred; it is a transformational shift that ultimately can lead to conquering fear. It should be a personal choice whether or not to ejaculate, not simply a neuro-muscular spasm.

A penis does not have a mind of its own; if through fear, a man believes that he is captive to the physical movement (or lack of it) in his penis he is ultimately choosing to remain impotent. We can direct life force, or energy, to any part of the body.

The man, or woman, who complains that they “have” to masturbate in order to get to sleep is often dumfounded when starting on the first step of the ICASA Sexual Healing Programme. From the beginning we prescribe a mutually agreed ban on masturbation and watching pornography. Horrified, a man will sometimes say “*But I have to!*”... “*I’ll never get to sleep*”... “*It’s relief from tension*”... It’s quite nonsensical to see the sex industry advertising sexual activity such as masturbation as ‘hand relief’. Emotionally and psychologically there is no relief from fear of separation in masturbation, either alone or in collaboration with someone else. Physiologically, there is no relief to the overwrought nervous system to be found in creating further prolonged friction applied externally, causing the extreme sensations of ejaculation for a fleeting second or two followed by the opposite experience of resolution. It is merely a merry-go-round of the nervous system being agitated or wound-up, suddenly released, only to be wound up yet again twenty-four hours later (or less in many cases). The client is somewhat relieved when it is explained to him that there is no lasting relief in hand relief and that what he is really looking for is release – not relief. The release that self-pleasuring, as distinct from masturbating, brings is profound and life changing; it is a release from fear and, in many cases self loathing. It is learning to be intimate with yourself; it can be practised and it is a physical expression of discovering love for your own body. It is a choice.

What has all this got to do with my reaction to the possibility of a client discovering that they are capable of love? Love is the release from fear. We have safeguards, monitoring and guidance inbuilt, but the most important thing is to help the client to make a choice of what to do with his newfound discovery. “I can feel love”. Does it mean that he or the Surrogate Partner will get hurt? No.

Does it mean that the client will not be able to live without the surrogate partner? No. Does it mean that he will never be able to close his course of therapy? No. In fact, the energy of love will heal, not hurt. He will start to live whereas before, he has been walking in a twilight existence. Will he now never be able to leave therapy for fear of leaving his love? No, quite the opposite; his experience of the life-force that he has connected to will energise him to throw open the safety barriers and restrictions that he has previously placed around his life for fear of being loved and not knowing if he would survive the beauty of it. It is a sign that he is healing and that he is soon ready for the 'outside world'. He eagerly looks forward to connecting his newly found life-force with that of someone who awaits him.

What do I consider as a successful outcome of Surrogate Partner Therapy? There are efficacy studies that we have produced after studying the outcomes of clients within each presenting complaint over the past five years. These are available on request. But my real answer to this question is simpler and more real. A successful outcome is that the client is happy. A successful outcome is that he, or she, feels genuinely ready for life outside therapy. A successful outcome is the absence of fear. A successful outcome is the ability to make choices.





Chapter 11:

## **The Transformative Vision** **“What Now, My Love?”**

*I would like you to touch me as if you were going away tomorrow,  
far, far away, and you wanted to remember the feel of my body,  
the texture of my skin, the hills and valleys  
that make up the landscape of who I am.*



On 23<sup>rd</sup> February 2006 at around 11.40am, Jane breathed out for the last time and quietly passed away from our sight. She died as she lived; beautiful, determined and courageous. I have been present with her at the birth of our three children and now also at the re-birth of her lovely self into the Subtle World of unimaginable luminous colour and beauty that is now her world. Jane had been an inspiration to all who knew her in health and an even greater inspiration to all who knew her in sickness. She remained cheerful and positive until her words were no longer audible. Being with her throughout those final hours reminded me of how she approached childbirth and how she lived her life. She showed such determination to go forward and to accept personal responsibility; above all, she would always want to help make the best of every situation and to alleviate the suffering of others. Anyone who visited Jane either in hospital or at home came away feeling better. “Who is meant to be blessing who?” a Baptist Minister asked after visiting Jane in hospital. Only a few days before she passed, she confided confidently in our eldest daughter: “*Joanna*”, said Jane quietly, “*everything will work out alright*”. Her skin was still in beautiful condition and her body still retained shape and tone. Never once was she incontinent. Jane was never really ‘sick’. Her body developed cancer, but her mind was never sick and her eyes flashed with brilliance even on the very day she died. She radiated life through her eyes until her last breath. As such, she was never a victim; she didn’t suffer in the way that it is possible to suffer if the mind resists life’s lessons. She never once said “Why me?” She never showed

self-pity or anger at her illness, God, the world or anyone else. In her private journal, she wrote to each member of her family expressing her enormous love in individual terms, and to me wrote: “*Go on giving; go on loving*”. As soon as it was obvious that there was no turning back, her body shutting down, she pressed forward with the same determination and expression as she had shown while giving birth. She was focussed and wanted the least suffering for her beloved family who were all there with her at the last. She laboured in her own passing for the same amount of time that she had laboured with the birth of each of our children. Her final breath was like the final push of childbirth. Finally, she was free.

After almost six years living with breast cancer and its accompanying round of surgery, treatments, remissions, highs and lows the end seemed to come all too suddenly. Only four days earlier we had celebrated our 34<sup>th</sup> Wedding Anniversary with a rededication of our marriage for eternity. Jane, looking radiant and happy despite being in a wheelchair and needing oxygen close by, and I gathered with a small and intimate circle of family and close friends in the tiny chapel in the hospice where Jane spent her last weeks. With an Interfaith Minister conducting the ceremony, we remarried; both of us for the remainder of our earthly lives and forever into eternity within the Love of God. “Jane, in sickness or in health, in sorrow or joy, in poverty or prosperity, in disaster or security, in death or life, I remain your husband; unalterably, unchangeably loyal, devoted and loving to you, my soul mate, my wife, forever, forever and forever”. Jane was so happy that day; happy that she had stayed here long enough to exchange those vows. After the ceremony, she had sipped champagne and laughed together with her loved ones. Three days later she slipped away. But our love goes on, and so does our marriage. Our relationship is now in different form; one of us in a physical body while the other is in a glorious ethereal body. We are still connected and still communicate. We are still in love.

## **After-life**

I knew Jane's eyes probably better than anyone else; I had looked into them and loved her through them for over thirty six years since I first caught sight of them as a young man at our predestined first meeting. Now, at this very different and stark stage of our journey together - in the final moments of Jane's physical life - her eyes communicated two things very clearly to me. One was that there had entered a Presence, raising her consciousness and calling her home; the other was that she was focussed not on her physical condition but upon her destination. Cancer did not defeat Jane. She did not lose her battle against the disease on 23<sup>rd</sup> February 2006. Jane showed those of us with her there that morning that there is a way to transcend suffering, sickness and death. She did not want to leave the world that morning, but knowing she must, was able to look forward rather than cling on to simply what she had known. In so doing, she escaped a physical body no longer able to sustain the all-powerful, limitless soul and arose to a state of consciousness and life that, if we but knew a fraction, would astonish and amaze us. Seventeen hours later, Jane began to communicate directly with me from beyond the veil, which we call death. I have maintained a journal of her direct after-death communications with me and other members of our family and close circle of friends. Such communications have been wonderful and affirming; they have also been astonishing. One day, I may decide to publish the journal, if over the longer term, I feel that it may be of encouragement and help to other people who have lost loved ones and who need assurance that, ultimately, there is no death; simply a transition to another state.

*Never the spirit was born;  
The spirit shall cease to be never;  
Never was time it was not;  
End and Beginning are dreams!  
Birthless and deathless and changeless  
Remaineth the spirit forever;  
Death hath not touched it at all,  
Dead though the house of it seems!*

**Extract from** The Song Celestial **translated by Sir Edwin Arnold**

## **After-Jane**

Without the tireless and long suffering team of precious colleagues and friends at The School of ICASA, the work that had been pioneered and established over the past twelve years in the UK would have surely ceased. For the year prior to Jane's passing there had been a growing unease that the physical symptoms were a sign that cancer was returning. Jane's input in the work became increasingly impaired and I was needed increasingly to be with her, either at her chemotherapy appointments, or latterly to help her physically to cope at home with her unwelcome exhaustion and other disabling symptoms. Even when I was physically present, I was often inwardly struggling to stay fully focussed on the client's needs. After Jane passed away, I was unable for a while to contemplate returning to the work, partly out of concern that I would be of no use to the client as he, or she, may be more aware of my needs than their own! Our wonderful team put no pressure upon me whatsoever to return to the work and, instead, maintained a continuous therapy programme while I took time to take stock of what had happened.

After careful thought I decided that I needed to take time out to take stock of my feelings and thoughts. Every time I went to our clinic, even simply to see my colleagues, I could only be aware of who was not there. The place felt empty, lonely and that the heart had gone. I knew that I was struggling to know whether I even wanted to continue the work that had grown out of my love for Jane. If I didn't resolve these feelings and conflicts I knew that I could infuse the work with a sense of loss and clients would ultimately suffer. I decided to take the rest of the year to find a space inside myself where I could answer the questions that were being asked deep inside.

Did I really want to continue the work without Jane? Did I care sufficiently without Jane? Was it even possible without Jane? These were the questions I was asking myself. "*Go on giving....go on loving*" were the answers; words from Jane's own journal, coming back. Then, over the course of two weeks in June 2006, I received the answer in no uncertain terms.

I had gone to bed at around 9.30pm. I was doing a little work at my computer, but it had crashed. I scanned the hard drive with security software, but it was unable to complete the scan because it crashed again in the middle of the scanning process. Error messages of a serious nature came up and I realised it was beyond my capabilities to understand what was wrong. I decided to tackle the problem in the morning. I went to bed and read a little before going to sleep at about 10.20pm.

I was woken up at 1.30am by the loud sound of my smoke alarm. This has never gone off before, and has not since. There was no trace of smoke or reason for the alarm to be set off. It sounded for no more than 5-6 seconds but it was loud enough to wake me up completely and instantly. I sat at the side of my bed; there was a tangible, discernable, though invisible, presence. I spoke audibly; "Jane, is that you? Are you here?" I felt as though I had a cold-cap on my head from my eyebrows upwards covering my forehead and the crown of my head. It was completely cold, but not unpleasant in any way. I then became aware of my body being brushed as with a feather. Every hair on my body was engaged and responsive to this 'feather-brush'. I 'knew' that Jane was there with me; it was as though her presence was embracing me. I asked her if we could go to bed and cuddle. It was as if we were never separated. We lay in bed, cuddling, for about ten minutes after which time I began to sense that she had to withdraw her presence. She said in a silent but totally clear voice: "***Do the work. Do not be afraid. Don't let anyone tell you otherwise.***" Then she said, as an after thought, "Oh, by the way, the computer will be OK now...". Not really concerned about the computer, I said, "Bye, Jane. Thank you for coming. Come again any time, day or night; anywhere. Bye. I love you." Two seconds later, my bedroom was flooded in light. There is a security light three back gardens away and it is activated by anything that moves across the beam that detects an intruder or any other such presence. Jane's energy had crossed the path of the detector and activated the security light.

The next morning, I woke with a feeling of ecstasy and happiness. It was the inner feeling that lovers experience after they first meet, or at significant times during their relationship. I turned

the computer on, knowing that the technical problem would be solved. It was.

Despite this experience, I still recognised ambivalence towards reconnecting with the work. I felt a painful feeling inside, arising from loss of love. Without a connection to love, I felt little purpose to life, and sensed that I was withdrawing at a subtle level.

I sought help from a spiritual counsellor. During one session, I was led in a guided meditation. When the meditation began I was happy to follow, but was still detached and cold. After an initial period of quiet and conscious breathing, I felt an immense softening inside myself. I was in a meditative state, but words were silently speaking directly to me and I began to hear beautiful music. The inner voice combined with the music that I was hearing within my inner ear communicated a message similar to the Prayer of St. Francis:

*'Make me an instrument of thy peace.  
Where there is hatred, let me sow Love;  
Where there is injury, pardon;  
Where there is doubt, faith;  
Where there is despair, hope;  
Where there is darkness, light;  
Where there is sadness, joy.  
O divine Master, grant that I may not so much seek  
To be consoled as to console.  
To be understood as to understand,  
To be loved as to love;  
For it is in giving that we receive;  
It is in pardoning that we are pardoned;  
It is in dying to self that we are born to eternal life'*

As I sat in meditation, tears were streaming down my face. I was not crying emotionally, but my face was soaked with tears. At the conclusion of the meditation I sat motionless. I could barely speak, but heard myself mumble something about 'surrender'. It was my self, speaking to my Self.

For the next few hours, I had what I can only describe as an ‘Out of Body’ experience. I could not speak. I could not move. I wasn’t conscious of anything going on around me. Gradually, and from a deep place within me, a deep and loud groan involuntarily came up and I wailed as in deep grief, with a sound that was not of my own making. I felt my body slip lifeless from beneath me, and off the chair on which I had been sitting and fall onto the floor. I was observing from somewhere outside my body at a level of consciousness somehow removed from the body. I watched as my body curled into a foetal position. My hands were clutching around my throat. I was completely without fear or anxiety of any kind and was utterly at peace. The breathing in my body was deep and slow; it replicated the death rattles of a dying person. At one point, after a deep and what appeared to be a final exhaling of breath, I remember wondering whether my body would inhale again, or whether I was in the process of dying. I remember hoping that I was dying. I was still utterly peaceful and experienced a sense of bliss. I knew I was in the room; I was conscious that my body was curled up on the floor, but I was somehow removed from the body and any connecting sensations. I wanted to stay in this blissful state forever and not return to my body, or to normal consciousness. I remember seeing, and then feeling, my body inhale and, at that point, I slowly felt myself returning to my body. I was under the chair and although I still couldn’t physically move, I began to become conscious of my surroundings. I reached down and felt my legs. I felt my arms. I needed to feel all around my body to determine whether I was inside a physical body. Slowly, very slowly, I was able to straighten my body and simply lay there on the floor. I was breathing normally now. I had my eyes open for some time, but only now was I seeing clearly through them. I saw the spiritual counsellor – there were actually two of them – who had been attending me. One of them asked if I needed anything. I could not yet speak. My mouth would not move and there was no voice from within with which to respond. I motioned that I couldn’t speak. They helped me to get up and sit in the chair from which my body had slid. I sat in a somewhat bewildered state. My body began to feel heavy and uncomfortable. I began to sense disappointment that I was still in my body. After a while, they helped me to my feet and led me to a patio downstairs

where I could get some air. I stood for a while, unable to speak or move. The counsellor who helped me to the patio simply smiled and said nothing. I slowly, and unsteadily, walked across the patio and sat in a chair. I asked whether we were alive or whether we had 'crossed over'. He replied, kindly, that we were alive and assured me that we were on earth. I nodded, a little disappointed. I was now becoming fully conscious and aware that my body was returning to physicality. I was aware that I needed to go to the toilet. He helped me to the toilet and checked later to see if I was ok. I had simply remained in the toilet for what must have been around forty to fifty minutes, still unable to move by myself.

Gradually, normal consciousness returned and I realised that I had been significantly healed. A connection with Love had been restored. A fear of death and separation had been replaced with a clearer awareness of the incredible peace that comes with dying. In this experience, I had been profoundly changed on the inside. I had somehow heard an inner voice giving me energy and motivation to fulfil my purpose in this life. My reality had shifted. What I had thought was important is not important at all. What I thought was tragic is not tragic at all. What I thought was loss is not really lost at all. Suddenly, all that mattered was to fulfil the purpose for which I am in the world, and then to joyfully go Home. I felt like a baby in a vast universe.

The voice seemed to say: "*All Will Be Well*".

# The Happy Dream Project

Jane's influence is still present everywhere at The School of ICASA. She is spoken of as though she may one day walk in through the same door through which she left. Memories of her are as fresh today as they were when the events of her life took place and were recorded indelibly in the ether.

Our sexual healing programmes continue and Surrogate Partner Therapy is alive and well at The School of ICASA. Arising from my experience with Jane of her journey with cancer and the struggles associated with the diagnosis, treatments, pain, fear and mortality we have expanded our sexual healing programme. The ICASA Surrogate Partner Therapy programme, where appropriate, is now available to help people who are suffering from cancer and struggling with their sexuality in the face of such devastation. This aspect of our work, which operates as a not-for-profit division, runs alongside our main programmes, and is offered to people who are coming to terms with their sexuality and:

- ❖ breast or prostate cancer;
- ❖ body altering surgery such as mastectomy or prostate surgery;
- ❖ effects of treatments for cancer;
- ❖ bereavement, widowhood or severe loneliness due to the loss of a life partner through cancer.
- ❖

Such treatment is offered to suitable clients without fixed charge. A voluntary donation to the work is welcomed, but not a requirement. At first, we thought that this work should be called the Jane Brown Centre. After considerable thought, however, and knowing Jane's reluctance in life to be the centre of attention we decided that she would be pleased about the work, but not for it to be named after her! Instead, we plan to call the charity The Happy Dream Project.

Jane was an extraordinary example of bravery throughout, remaining a skilled and effective sexual therapist and loving wife and mother throughout the six-year period between her mastectomy and

her eventual passing. She was never diminished either as a person or as a woman. She remained fully connected with her own sexuality despite the cruel blows inflicted by breast cancer upon her. For women, the sudden onset of menopause, the loss of a breast or both breasts, the loss of hair during chemotherapy – what more could be inflicted upon a woman to deprive her of her sense of attractiveness or femininity? There are millions of couples who completely close down on their sexual relationships upon the onset of such an invasive diagnosis. Millions of individual women and men experience the death of their sexuality long before the death of the body. Self can never die or be diminished. The body can be destroyed but the Self cannot. It is possible to know how beautiful is the soul whether in sickness or in health, and for that beauty to transcend all physical disability. In may sound cliché, but if The Happy Dream Project can help even one woman; one man, or one couple to rediscover their innate beauty during, or as a result of, their encounter with cancer then their happiness will be Jane’s gift and the fulfilment of her silent re-assurance: **“All will be well”**.

*“And if I go  
while you’re still here...  
Know that I live on,  
vibrating to a different measure  
behind a thin veil you cannot see through.*

*You will not see me  
so you must have faith.  
I wait for the time  
when we can soar together again  
both aware of each other.  
Until then, live your life to its fullest  
and when you need me  
just whisper my name in your heart...  
I will be there.”*

Author Unknow





*I dedicate this book to you, Jane; in this life my lover, wife, best friend, partner. You are now my soul mate, my Beloved. My love for you is everlasting and my commitment to our union will remain throughout my earthly life and in our continuing journey that reaches into eternity within the Love of God.*

*Forever, forever and forever.*



**Jane Brown**  
1950 – 2006  
Never Gone, Never Far...