CONFERENCE REPORT

College of Sexual and Relationship Therapists Conference, London, UK, November 2012

While the College of Sexual and Relationship Therapists (COSRT) holds two fascinating conferences each year, the one held in London in November 2012 was particularly pertinent to Journal readers.

For the College – aware of the need to build a bridge between the therapeutic and the medical community – decided to bring to the table a bevy of speakers to explain the ‘Physiological Causes and Treatment Options in Sex Therapy’. “Our members,” explained Liz Hadland (Chair of the Public and Professional Relations Committee) “often work across the divide. So we want the latest research, we want to know the newest methods of working, we want to take the best options to our clients”.

So far, so well-intentioned. But of course, it could have been a disaster. In theory – and as the writer herself has witnessed in other settings – the medics could have been scathing of the ‘soft approach’ or made their presentations either over-simplified or over-technical. The therapists might have been wary of the ‘hard approach’ or made their response defensive or critical.

In the event, all such fears were groundless. After opening remarks by COSRT’s newly appointed Chair (Trudy Hannington) and CEO (Corinna Furse), the introduction was ably facilitated by Programme Organiser, Meg

Barker, who set an overt and clear framework of respect and co-operation, which all concerned happily honoured.

Thereafter – thanks are due here to Tricia Evans, the events organiser – the day proceeded with elegant efficiency. Cunningly, each section paired a representative from medicine with one from therapy and the pairings worked well, with acknowledgement – and clear cross-fertilisation – on both sides. We began with a session on ‘Infertility’ in which obstetrician and gynaecologist, Etienne Honer, and COSRT member, Shirlee Kay, together explored the background facts, the newest developments, the recent funding guidelines – and the huge psychological impact on couples not only of infertility itself but of having the treatment, even if successful.

We then moved to the broad spectrum of ‘Gynaecology’, where genitourinary specialist, Jill Pritchard, held the audience in a state of slightly horrified fascination with her selection of slides of infected or painful female genitals and, in the absence of her therapist fellow speaker, commented sensitively on the stigma, guilt and sometimes suicidal emotions that some patients suffer as a result.

There followed in succession sessions on: ‘Endocrinology in Trans(gender) Healthcare’, ‘Urology and Cardiology’, ‘Sex Therapy for Women After Cancer Treatment’ and ‘The Impact of Prostate Cancer Treatment on Sex and Relationships’. Finally there was a talk on ‘Cosmetic Surgery’, where the audience’s slightly sceptical initial reaction was considerably neutralised by the way in which the paired speakers – a consultant plastic surgeon and a consultant in psychosexual medicine – explored the issue seriously and with ethical awareness.

It is always hard to judge the impact of a conference with a large number of delegates, and where the sessions are – in the interest of delivering value – so closely spaced that swapping notes in transit is almost impossible. But this writer came away impressed.

The medical speakers continually acknowledged the deep psychological needs of their patients in the wake of diagnosis and treatment, along with the importance of multidisciplinary co-operation with the therapeutic approaches.

For their part, the delegates – apparently forming one of the best turn-outs on record – showed huge interest in the presentations, took copious notes, and asked questions that showed not only how far they were already acknowledging medical causes, using medical intervention, and interfacing with medical colleagues, but also how they were already integrating this knowledge with their own therapeutic practice.

In short, where there might have been a conflict of aims, instead there was a sense that the speakers were preaching to the converted, a converted eager to be further educated. The conference was not in fact a bridge building, but a bridge strengthening exercise. And a successful one at that.

Reviewed by **Susan Quilliam**

Writer, Broadcaster, Consultant and Trainer, Cambridge, UK; susan@susanquilliam.com

Competing interests None.

Provenance and peer review Not commissioned; internally peer reviewed.

Journal of Family Planning and Reproductive Health Care 2013;**39**:146.
doi:10.1136/jfprhc-2012-100569