

C H A P T E R 3 :

INVESTIGATIVE GOALS AND METHODOLOGY

3.1 Purpose of this Study

The purpose of this retrospective, case-based, quantitative and qualitative study is to examine surrogate coaching as a therapeutic tool for male clients, the effects of treatment using sensate focus techniques, and then to evaluate the results of the resolution of the diagnosed problem. The male sexual disorders include: 1) late-life virginity, 2) erectile dysfunction, 3) premature ejaculation, 4) sexual orientation uncertainty, 5) avoidant personality, 6) orgasmic dysfunction, 7) social phobia, 8) aversion disorder, and 9) significant mental and/or physical challenges; such as bi-polar, autism, mental retardation, brain and spinal cord injured, and other neurological impairments which prevents adequate social and sexual skills

This study will examine the effects and demonstrate the effects, of applying sensate focus techniques to the client's treatment process and to evaluate the results of the resolution of the diagnosed problem.

3.2 Statement of the Problem

Surrogate coaching began in the 1960s. The surrogates who performed coaching techniques have received extensive media attention, but few systematic studies have been conducted on the men who participate in surrogate treatment. Because the results of this therapeutic modality have not been thoroughly researched, the value of surrogate treatment has not been validly presented to either the therapeutic community or the general population.

3.3 Surrogate Data

Three professional female surrogates who will be referred to as A, B, and C, voluntarily contributed their personal client archives, under conditions of confidentiality for both themselves and their clients. There will be no personally identifiable material disclosed. These surrogates were chosen for this study because, first, they volunteered to participate; secondly, they maintained detailed records of their clients; thirdly, they worked in conjunction with reputable therapists; and lastly, at the time they conducted the surrogate treatment they were members of IPSA.

One surrogate was married and two were divorced, and all three had children. At the time of the treatment, one surrogate was a nurse, another had completed high school, and the third was a college student. All were Caucasian, and came from middle class suburbs of the East Coast

There were 201 cases submitted from their three sets of files. Criteria for treatment were that subjects be Caucasian, unmarried at the time of treatment, in therapy with a professional verbal therapist, and diagnosed with a social and/or sexual disorder.

Surrogate A submitted 140 cases out of which 43 did meet the criteria: 20 were married, four were not Caucasian, 12 were consultations only, four were consultations with just one session, and three could not be used because they lacked insufficient history and notes, leaving 97 viable cases.

Surrogate B submitted 28 cases for the study out of which four did not meet the criteria: one was married, one was a female and two lacked sufficient material, leaving 24 viable cases.

Surrogate C provided 33 cases, three cases that were submitted were not used because they lacked sufficient research material, leaving 30 viable cases. See Table 10 for the surrogate caseload statistical breakdown of the number of clients in each problem category and the percentage of completion of both the sensate focus goals, and the resolution of the diagnosed problem.

3.4 Demographic Data of the Sample

The subjects for the present study were 151 single, white males. All were referred for surrogate therapy due to sexual and social dysfunction. As aforementioned in Sec.3.3, criteria for treatment were that the clients be unmarried at the time of treatment, in therapy with a professional verbal therapist, and diagnosed with a social and/or sexual disorder.

Age range of the subjects studied was from 19 to 71 years of age, the median age was 33 and the average age being 35.112. Thirty-seven of the subjects were previously married and six were married twice. They all resided on the East Coast with the exception of three from California, one from Costa Rica, one Australian and one of unknown residence. See tables listed under chapter 4.2 for breakdown of subjects' religion, problem, occupation, education, masturbation practice, and living arrangement.

3.3 Limitations of the Study

A requirement for surrogate treatment is a team that consists of a verbal therapist, a surrogate coach and the client. In this study, the degree of therapeutic success is measured only from the written archives and verbal interviews of the coaches. It does not

include data from the files of the verbal therapists. The accuracy of the analysis of the researcher is limited by the use of archives as data sources (Vierra and Pollock (1988). This is due to the fact that the researcher has no personal knowledge as to whether or not the data is accurate because they are unable to observe the treatment, or meet the clients.

This study does not include a long-range follow-up study of the client. The absence of the follow-up study is a limitation because there is no knowledge of whether results recorded were for short-term benefit only, or also long term benefit.

The data could also be affected by the surrogate's own emotional and physical involvement with the client. Therefore, it is partially subjective, as defined by Savage (1983).

This study is limited to Caucasian male clients working with female surrogates. It spans only the years 1985 through 1992. Therefore, the data does not include more recent documentation on surrogate treatment. Also, it is culled from the archives of just three professional East Coast surrogate coaches.

3.6 Procedure for Data Collection

The quantitative analysis was garnered from the archives of three surrogates and consists of statistics, demographics and tables. "Archival or historiography data collection is an established method for establishing reliable results, that is a specialty in its own right" (Vierra and Pollock, 1988). The qualitative analysis data was obtained during interviews of the surrogates and then writing a narrative about their observations and personal feelings of the client's experience.

Coding each card by first letter of surrogate's name with consecutive numbering ensured appropriate safeguards for confidentiality and anonymity. For example, clients became: A1, B2, C3, etc. To indicate the diagnosed problem, color-coding was attached to each subject. Green, yellow, or pink or blue was added after the initial/number series, i.e. A32pink, B44yellow, C26green or B5 blue to further identify each subject.

These cards then became the database that was entered into an Excel spreadsheet which when printed out and copied became a statistical grid measuring 2 1/2 x 31/2 feet. From this grid all statistical comparisons and data were extracted and sorted to report the statistical results.

3.7 Procedure of Quantitative Data Analysis

In order to analyze the data on the Excel spreadsheet, relational research was used. Relational research describes how independent variables (for example religion, or occupation) affects the dependent variable, the completion of the sensate focus socialization techniques and also the resolution of the diagnosed problem.

A fifteen-page questionnaire of data was extracted from the Excel spreadsheet seeking the relationship between these variables. Example: How many Catholic virgins completed the sensate focus socialization exercises? How often did the premature ejaculators masturbate and did they complete the sensate focus? How many Protestants completed the sensate focus goal? What is the relationship between those who complete sensate focus and those subjects whose diagnosed problem is resolved. The results of these inquiries are listed in the tables found in section 4.2.

3.8 Procedure of Qualitative Data Analysis

"Qualitative researchers have three sources of data collection to answer their questions — observation, interviewing, and archives" (Vierra and Pollock, 1988). This research was of an archive type collection as well as verbal interviewing that was conducted with the surrogates.

. The qualitative information that was gathered from the archival records contained the subject's own personal view of the problem. From his stated view of the problem, specific emergent themes became apparent: 1) fear of women, 2) lack of social/sexual confidence and experience, 3) shyness and anxieties around social and sexual situations, 4) inability to develop intimate relationships, 5) a need for social/sexual education, 6) freedom from emotional and mental pain of childhood abuse, 7) lack of desire, and 8) fear of performance.

The surrogates were interviewed and asked to share a story of a client who was listed in each of the emergent theme categories. These anecdotal examples were put into narrative form and are found in Chapter 5.