GENERAL

sex surrogate cheryl cohen greene

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Introduction

Sexual health and intimacy are essential components of overall well being, yet many people struggle with issues that conventional therapy or medical treatments may not fully address. One of the more controversial yet increasingly recognized approaches to healing intimacy disorders is the use of a sex surrogate. Among the pioneers in this field is Cheryl Cohen Greene, a therapist whose work has sparked debate, informed practice, and helped countless clients reclaim their sexual confidence. This article explores the concept of sex surrogacy, delves into Cheryl Cohen Greene's background and methodology, examines the ethical and legal landscape, and offers practical guidance for anyone considering this unique therapeutic option.

What Is a Sex Surrogate?

A sex surrogate is a trained professional who engages in a therapeutic relationship with clients to facilitate the healing of sexual and intimacy issues. Unlike a traditional sex worker, the surrogate's role is strictly therapeutic and is guided by a structured protocol that emphasizes consent, confidentiality, and boundary management. The surrogate's work often involves role playing scenarios, guided exposure to sexual stimuli, and the development of coping strategies—all designed to help clients overcome barriers such as anxiety, trauma, or performance anxiety.

Key Distinctions from Traditional Therapy

- Physical Interaction: Sex surrogates may engage in physical acts that a conventional therapist would not, but these are always performed with explicit consent and within a therapeutic framework.
- Role Playing: The surrogate often adopts a specific persona or scenario tailored to the client's needs, helping to simulate real life situations in a safe environment.
- Focus on Intimacy: While other therapists may touch upon sexual topics, surrogates dedicate the majority of their sessions to the intimate aspects of human connection.

Cheryl /Cohen /Greene: A Trailblazer in Intimacy Therapy

Cheryl /Cohen /Greene has been at the forefront of sex surrogate practice for over two decades. With a background in psychology, her approach combines evidence based therapy with a nuanced understanding of human sexuality. Her work has been featured in academic journals, mainstream media, and numerous client testimonials, establishing her as a respected figure in the field.

Professional Credentials and Training

- Educational Foundation: Greene holds a Master's degree in Clinical Psychology and has completed specialized training in sexual dysfunction and trauma informed care.
- Certification: She is a certified sex surrogate through the National Association of Sex Surrogates, meeting rigorous standards for training, supervision, and ongoing education.
- Continuing Education: Greene regularly attends workshops on neuroplasticity, mindfulness, and attachment theory to keep her practice current.

Core Philosophies

1. Empowerment Over Dependency: Greene emphasizes building clients' self efficacy rather than fostering

reliance on the surrogate.

2. Holistic Integration: She integrates psychological, physiological, and relational aspects of sexuality into a unified treatment plan.

3. Respect for Boundaries: Clear, written agreements and periodic reviews ensure that the therapeutic relationship remains professional and ethical.

How the Surrogate Process Works

Understanding the step by step process can demystify the role of a sex surrogate and alleviate common concerns. Below is a typical framework that Cheryl /Cohen /Greene follows with her clients.

Initial Consultation

During the first meeting, the client and surrogate discuss goals, history, and expectations. A comprehensive intake form collects medical, psychological, and sexual health information. This phase sets the foundation for a tailored treatment plan.

Therapeutic Agreement

A detailed contract outlines the scope of work, confidentiality clauses, session frequency, fees, and termination conditions. This legal document protects both parties and clarifies the therapeutic boundaries.

Exposure and Skill Development

Sessions may involve guided exposure to feared sexual stimuli, role playing scenarios that mimic real life intimacy, and the practice of communication skills. The surrogate provides immediate feedback, helping clients adjust body language, breathing, and emotional responses.

Integration and Follow Up

After the core sessions, the surrogate collaborates with the client's primary therapist or medical provider to integrate the new skills into daily life. Follow up sessions may focus on relapse prevention and sustaining progress.

Common Issues Addressed by Sex Surrogates

Sex surrogates are often sought for a variety of intimate concerns. Here are some of the most frequently treated conditions:

- Sexual Trauma: Survivors of abuse may experience dissociation or avoidance; surrogates help them process trauma in a controlled environment.
- Performance Anxiety: Clients anxious about sexual performance benefit from graded exposure and relaxation techniques.
- Low Libido: Surrogates work on motivation, arousal pathways, and partner communication to rekindle desire.
- Relationship Conflict: Couples may use surrogate sessions to improve intimacy and rebuild trust.
- Body Image Issues: Working on self acceptance and positive body perception can be facilitated through guided exposure.

Ethical Considerations and Professional Standards

Given the sensitive nature of the work, ethical guidelines are paramount. The National Association of Sex Surrogates provides a comprehensive code of conduct, which Cheryl /Cohen /Greene strictly adheres to.

Informed Consent

Clients receive detailed information about the nature of the sessions, potential risks, and the surrogate's role.

Consent is documented in writing and is revisited whenever significant changes occur.

Maintaining Professional Boundaries

Surrogates avoid dual relationships that could compromise the therapeutic alliance. This includes refraining from engaging in non therapeutic sexual activity or personal relationships with clients.

Confidentiality

All client data is stored securely, and disclosures are made only in situations where there is a risk of harm or legal obligation. Greene follows HIPAA guidelines and maintains strict privacy protocols.

Supervision and Peer Review

Periodic supervision by an experienced sex therapy professional ensures adherence to ethical standards and continuous skill development.

Legal Landscape and Licensing

The legality of sex surrogate work varies by jurisdiction. While many states do not have explicit regulations, the practice falls under broader therapeutic and sexual health laws. Key legal aspects include:

- Licensing: In some regions, sex surrogates must hold a professional license in counseling or psychology.
- Business Registration: Operating as a private practice requires standard business licenses and tax compliance.
- Insurance: Professional liability insurance protects against malpractice claims.
- Record Keeping: Accurate, confidential records are essential for both legal compliance and clinical effectiveness.

Client Success Stories

While individual experiences vary, many clients report significant improvements in intimacy and self confidence after working with a sex surrogate. Below are anonymized examples that illustrate the potential impact of Cheryl /Cohen /Greene’s approach.

Case Study 1: Overcoming Post Traumatic Sexual Avoidance

A 32 year old woman who had survived sexual assault struggled with dissociation during intimacy. Through graded exposure and mindfulness techniques, she gradually re established a healthy connection with her partner. Within six months, she reported increased satisfaction and reduced anxiety.

Case Study 2: Rebuilding Intimacy in a Long Term Marriage

A 45 year old couple sought help after years of sexual disconnection. Their surrogate sessions focused on communication, shared fantasies, and gradual re introduction of physical contact. The couple’s intimacy score improved by 35% over a year, and they credited the surrogate’s guidance for reigniting their passion.

Case Study 3: Addressing Low Libido in a Post Menopausal Woman

A 55 year old client experienced a significant drop in libido following menopause. The surrogate introduced hormonal education, body positive exercises, and partner involvement strategies. Over eight sessions, the client reported a renewed sense of desire and a stronger bond with her husband.

How to Choose a Qualified Sex Surrogate

Selecting the right surrogate is critical for safety and effectiveness. Consider the following criteria:

- Certification: Look for credentials from recognized professional bodies such as the National Association of Sex Surrogates.
- Experience: A surrogate with a proven track record in handling cases similar to yours is preferable.
- Specializations: Some surrogates specialize in trauma, performance anxiety, or relationship issues.
- Client Reviews: Testimonials and peer recommendations can provide insight into the surrogate's approach.
- Initial Consultation: A free or low‑cost initial meeting allows you to assess compatibility and clarify expectations.

Common Misconceptions About Sex Surrogacy

Despite growing acceptance, several myths persist. Addressing these can help potential clients make informed decisions.

Myth 1: Surrogates Are Sex Workers

While the surrogate's work involves physical intimacy, it is strictly therapeutic, guided by a formal protocol, and devoid of commercial sex exchange.

Myth 2: Any Therapist Can Be a Surrogate

Sex surrogacy requires specialized training in sexual therapy, trauma-informed care, and strict adherence to ethical guidelines—skills not typically covered in general psychotherapy training.

Myth 3: The Surrogate Is the Source of Sexual Problems

Surrogates are facilitators, not causes. Their role is to help clients navigate and resolve underlying issues, not to create new ones.

Potential Risks and How They Are Mitigated

No therapeutic intervention is risk‑free. However, with proper protocols, many risks are minimized.

- Emotional Distress: Surrogates use grounding techniques and immediate debriefing to manage acute emotional reactions.
- Boundary Violations: Strict contracts and supervision prevent ethical breaches.
- Legal Exposure: Proper licensing and insurance shield both surrogate and client.
- Stigma: Confidentiality and professional branding help reduce societal judgment.

Future Directions in Sex Surrogate Therapy

The field is evolving rapidly, with emerging research and technology shaping new modalities.

Integration with Telehealth

Virtual sessions, while limited in physical interaction, can provide psychoeducation, communication coaching, and preparatory work for in‑person encounters.

Neurofeedback and Biofeedback

These tools allow clients to visualize physiological responses, enhancing self‑regulation during intimate moments.

Research on Efficacy

Ongoing studies aim to quantify outcomes, compare surrogate therapy with conventional sex therapy, and refine best practices.

Conclusion

Sex surrogate therapy, exemplified by the pioneering work of Cheryl Cohen Greene, offers a nuanced, evidence based avenue for addressing deep seated intimacy issues that traditional approaches may overlook. By combining psychological insight, therapeutic skill, and a carefully regulated framework, surrogates can help clients rebuild

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