

A.H. – So, let's start. Again, thank you so much for willing to have this conversation. I will start asking you about your work on human sexualities and sexology. I was surprised by the range and variety of sexology topics you have been studying. Let me remind some: constructions of desire, student's sexual experiences, women's sexual satisfaction and well-being, gay, lesbian, and bisexual sexuality, sexual satisfaction in men, male constructions of masculinity, infertility, sexuality and spirituality, sexuality and meaning. That's a lot! Is there a relevant common factor shared by all these topics in your view?

S.B. – Well, yes, and that I'm studying them, I think I may be the common factor. Actually, most sexualities have been studied with an objective perspective, meaning, studying satisfaction by the amount of sexual interaction a person is having or counting the number of orgasms the person might have, rather than looking at the subjective, more personal meanings and factors that are related to sexuality. And so, with all of my research, I've been wanting to take a more subjective meaning making approach to sexuality, that goes above and beyond the anatomy and physiology that while important is not necessarily what we will see when someone comes in with issues related to their sex life, their satisfaction, their happiness with their partner, etcetera... So, the common theme then for me would be setting subjective factors and how that relate to meaning making and sexualities, both for our clients and for people as a whole.

A.H. – So, I do believe too that from a humanistic, constructivist and social-constructionist perspective, meaning as you said - not only biology and traditional sexual behavior - takes a key part in sexuality. Can constructivism or personal construct psychology offer a useful framework for sexuality, and serve as a guide to conceptualizing and treating sexual dysfunctions?

S.B. – Absolutely. I think that, by taking a stance of not knowing, by not presuming to understand or know what someone's sexual satisfaction will mean to them, and asking the right questions, we have a better chance of understanding their own meaning making. Constructivist psychology in particular is in an excellent position to explore all of the factors that are related to sexualities and not just what works physiologically and, perhaps, what doesn't work as well as one might wanted to.

A.H. – So, you would probably agree with Leonore Tiefer that once called William Masters the Vasco de Gama of the inner vagina, a champion of the clitoris, a feminist hero which helped set us on the path to the Viagrification of sexual relations. For Leonore, *Masters left a map of human sexual functioning gorgeously detailed in some respects, but amazingly incomplete in others.* Would you like to comment on that?

S.B. – Yes, I think that both Masters and Johnson and Kinsey were working in an era

that to have any study of sexuality they needed to make it as scientific as possible. Kinsey for example compared human sexuality to digestion or respiration, that it's just another physiological function that deserves our attention and our care. And I think to make it possible, to make it acceptable to study sexuality in those time periods that's what they needed to do. However what we now know is that people don't get necessarily emotionally attached to their breathing, nor do they get upset or excited about their digestion. There are emotional and psychological factors that coincide with the physiological factors. And so, what Masters and Johnson, and Kinsey did, does give us a good map of one aspect of sexuality, at the same time ignores the more personal, intrapersonal and interpersonal aspects of sexuality. Very rarely will you see a couple who will come in for therapy distressed about their breathing together or about how their muscles work together, but they will come in for the interpersonal factors that are related to their sexuality.

A.H. – Would you agree that as Peggy Kleinplatz claimed in a 2003 article that sex therapy was facing stagnation and fragmentation, and other two trends: a prevailing conception of sex therapy as the treatment of symptoms of sexual dysfunctions and disorders, and a continuing and accelerating trend to medicalization of sexuality, sexual problems and their treatment. Would you agree with this “diagnostic” of Peggy Kleinplatz?

S.B. – Yes. Actually I know and admire Peggy Kleinplatz from - I mean she's written some amazing books and her idea that what sex therapists do very well is the behavioral aspects and the functional aspects but what we do less well is the more meaning making psychological factors, so I do agree with her. Just the same way that in psychology the medicalization of disorders and making it a very medical model, that we see being argued about in psychology and in psychotherapy, the same thing is true, I think it happens with sex therapy, making a big divide between our bodies and our experiences. In the same that we are having difficulty with our serotonin or our neurotransmitters, which well may be true but there are also other factors and I think the divide between the way that our bodies functions sexually and how our brains and our hearts and our spirit functions sexually, that divide is an artificial one and anything that can be done to make our bodies and our minds coincide and become more compatible (so as in therapy and also in medical treatment) would be benefit to all of our clients and, I think, all people who struggle with any kind of issues related to sexuality.

A.H. – Following your line of thought, you have also presented a model of constructivist premarital counseling, a constructivist approach to sex therapy, to infertility, and the Holonic Constructivist Sex Therapy - those are your suggestions to work in another way with sexology. Could you describe shortly some common or distinctive features of these approaches?

S.B. – Sure. Probably the one that deserves the most of our attention today would be the Holonic Sex Therapy, and I think to start by telling you, describing what I call a

holon – again this is work that was done with Mario Zumara and Eusebio Rubio in Mexico . A holon is a part of a larger system or a larger structure that has sufficient internal complexity to be considered full by itself. So, when we're talking about holonic therapy we are dividing our sexualities into four component parts that by themselves can be considered whole. And by these four parts being eroticism (our sense of a sexuality, basically our sense of what is exciting or enhancing sexually) our gender (which is our sense of maleness and femaleness), reproduction (which is of course the ability to have or not have a child with a partner) and then, the last one, interpersonal bounding bonding (which is our relationships, and are the way that we form relationships. Now, each of these, by themselves, can be considered as a whole, but what makes it interesting is how they interact together and how they conflict or don't. So if the way had been a mapping of ones sexual meaning making by looking at the ways in which these holons interact together. For example a woman who presents a sexual pain or sexual difficulties, you discover that for her - this is a woman who's never been orgasmic in her life, this is a woman who's experiencing great lower pelvic pain, for example – and it turns out for her that the idea of being aroused sexually is something that in her history was never ok, and so for her for a woman to want to be sexual she's bad, she's dirty, it's something wrong with her. So there would be a conflict for her between the holon of eroticism and the holon of the gender, they simply did not go well together and for her this was the source of a lot of her internal turmoil and conflict that resulted in some physical pain. So, to only treat her pain and not treat the underlying causes of the meanings that she made of sexuality would have done a very incomplete picture of her sexuality. So, one of the things that we do in therapy is to help our clients or our patients draw their sexual holonic structure which creates a map that looks at the different holons or component parts of their sexuality and see where the conflicts lie and what can be done to help to alleviate some of the conflicts that are the underlying causes of their sexual difficulties. So using the Holonic Constructivist Sex Therapy that would be one piece. With Constructivist Pre-marital Counseling and working with infertility those are slightly different. The pre-marital counseling looking at the role relationship - that's Larry Leitner's work - being able to build the relationship that understands the construing properties of the others, so there's a model for that. And then with infertility, talking about the loss of infertility as disenfranchised loss meaning that it's a loss that goes unrecognized by the popular culture or by friends and family members. And so talking about infertility as grief and using Bob Neimeyer's model of grief therapy and meaning making finds out to be specifically to be issues of infertility . So, if that helps a bit to describe some of those models that I've been working with.

A.H. – You look amazed with these wonderful maps that you and Neimeyer and others are suggesting for guiding our sexuality interventions. Let me ask you, and turning to another topic, do you have an opinion on the recently unapproved feminine viagra, the so called flibanserin, a drug supposed to help restore a depressed female sex drive and the ongoing debate on the medicalization of sexual desire? What's your opinion on this?

S.B. – Well, that’s so tricky... I mean for those who really struggle with low sexual desire having something that can help with that can be lovely, however, unfortunately the pharmaceutical companies, especially in the U.S., their advertise campaigns... we saw this happening with *Sarafem* which was for the premenstrual dysphoric disorder where they took what was *Prozac* basically and relabeled it and made the pills pink and purple, instead of yellow and green, and advertised it to women who then went to their doctors and said “I must have this pill” and “I can’t take *Prozac* but I can take *Sarafem*” when they were exactly the same pharmaceutical drug. So my concern is about the advertising and the ease of “Here honey, just take this drug and you’ll want to have sex with me” without ever looking at the underlying difficulties that are sort of fueling desire difficulties within a relationship. You know we saw this with *Viagra* and men who were not able to have satisfactory erections for intercourse all of a sudden could with *Viagra* and or the *Celexa* or the other drugs that help with intercourse. So they would, all of a sudden, start having erections but no relationships to sustain them, to sustain the erection and the intercourse that was supposed to happen after that. So I’m concerned not so much about the presence of the drug, I’m concern about this selling of the drug. I think that’s going to cause difficulties, not so much the drug itself. On a sidenote, years ago I had a friend who was in medical school, to become a general physician, and he was taught to do an intake with a new patient to ask about his, you know, “Do you have any difficulties with your heart? Do you have any difficulties with your blood pressure?” and then he’d say, “No sexual problems, right?” rather than actually asking if they were having any difficulties with their sexual functioning. And my concern then is that we are training our physicians to not talk about sex, then if we supply them with medication for difficulties with erection or difficulties with desire and combine that with their training about how they talk about sexuality or sexual desire or difficulties, then once again we are adding a band aid which will not solve the underlying problems. So I’m concerned about the selling, I’m concerned about the training, but not so much with the drug itself, I mean if it actually helps that could be fantastic. But I’m worried about the women who will just check off on a form that they’re having difficulties with desire and then just get given a pill. That’s what worries me.

A.H. – I see that you share a lot of concerns with Leonore Tiefer too. Let me again turn to another topic. We all know how committed you are to Coherence Therapy, once you are a trainer and a researcher on this model. Is there room for specific CT applications to sexuality? What really can Coherence Therapy offer to the field of sexology?

S.B. – Well, you know me, what can’t coherence therapy do! Of course, you know... To have someone come in with their presenting symptoms, say low sexual desire – and I think that one of the cases that is out there on Coherence Therapy was in the chapter that Bob Neimeyer and I wrote in *Essential Psychotherapies*, and it was my case that was written of specifically on Coherence Therapy for desire disorders and desire difficulties. And in this situation a woman came in presenting with difficulties with desire and needed very simple symptom deprivation “so let’s say you go home tonight and imagine yourself...” and so she put herself in a position of being very

desirous for her husband, and got very upset and a lots of anxiety. What came up for her actually was that her parents were incredibly open sexually, to such a degree that it would cause her embarrassment and her mother would say things to her like, "how is it for you when you masturbate? Should I go and get you a vibrator? It's ok if you and your boyfriends have sex in the house; you don't have to hide it from us." I mean so much so that it caused her embarrassment, it's hard....all sorts of things. They had a giant birthday bash for her when she started her menstrual cycle, that wasn't a birthday it was a menses celebration, it was way too much for her. And she was very concerned about having desire and what that would do to her daughter. So, through Coherence Therapy you've got the root of the issue which had very little to do with the husband and her desire for him and much more to do with her schema about what sexual desire meant that came from her childhood and had been buried deep in her unconscious for many years. So, I think that with Coherence Therapy if the problem or the symptom that's coming in is related to sexuality there are several things that can be done using strict Coherence Therapy methodology that will get to the meanings underneath the sexual difficulties that have been presented.

A.H. – Ok, that's quite clear and inspiring too. Sara, you have written before about counselor comfort and empathy in client situations involving sexuality. I assume that you recommend sexological training for every beginning therapist, is that right? What kind of sexological training you think any beginning psychotherapist should have?

S.B. – In the U.S. for the licensure there are only two states – California and Florida – that require any training at all in human sexuality. Here its four years for undergraduate degree, and two or three years for a masters and four or more years for a doctorate and not once had anything on human sexuality, which to me of course is a travesty. I had one of my students, well a student from the program she's a doctoral student, could not say the word penis, she would... her face would turn red and she would giggle and she couldn't say it and, you know, we worked together and she got better. The point is that *how is that going to be helpful with her clients?* If she's not have any contact with sexuality and that to me includes some of the anatomy and physiology. I mean there are some factors that you do need to know about sexual transmitted infections or about using contraception or not, infertility, there are some things, a basic knowledge. So, to me, at least one course somewhere in advance academic training on human sexuality would be ideal. I teach a semester long course here on human sexuality for counselors and psychotherapists and when the class is over with they're still asking for more, they want an advanced course but of course there's no room in the curriculum for that. Another sidenote, the book that I use is "Our Sexuality", a big very comprehensive textbook, there are some students who put it out on their coffee tables, as a picture book, you know, for people who are coming to over to page through and there are others in the class who took the book and hid it in the trunk of their cars so no one would know they were taking this class. That's the range of difficulties people have in even having a course on this. So if they can't take a class on it and feel comfortable, how in the world are they going to be able to put across with a client who is saying "I have absolutely no lubrication

during sex, I'm dry and it feels like sandpaper and it's uncomfortable". I mean how are they going to engage in that kind of a conversation? So in my course one of the things that I ask to do is to take a sexual history of someone they know, to get a volunteer and to write their own sexual history so that they're comfortable with it. With the goal being that the first time they sit down with another person to talk about sexuality that it is not with their clients who is in despair or who's having true difficulties. That needs to happen before you get a patient in front of you that's my opinion So at least one course, a weekend course if it has to be, but something so the first time they're exposed to something to do with sexuality in a clinical nature is not in the presence of someone who needs them very badly, to be able to handle this well.

A.H. – I pretty much agree with you. We are somehow getting closer to the end, and I don't know if you want to add something of your own on these issues, or if any of our fellows want to put you a question. Let's see if someone wants to put you some question. But before that, if you allow me, I would like to put you another question. It's a little provocative: an American writer, I think was Jay McInerney, once wrote: *I think men talk to women so that they can sleep with them and women sleep with men so they can talk to them.* Do you want to comment on that? Do you know the sentence?

S.B. – I know this one, yes. These poor men, you know, they just... they get put in such a bubble that all they want to have is sex, and if they're having any sex at all, then they must be satisfied. And in fact that's not what we're finding. My research right now is looking at men and also objectifications – self objectification of men because of body and body image concerns... And yes I've heard that, but how sad that is to the women who really like sex and are talking to the man men to have sex; and how sad that is for the men who are really really like talking! You know? I think it puts us in artificial categories that don't always hold true. They say that the largest sex organ is the brain and for some that's more or less true, I think.

A.H. – Let's see if someone wants to add some question right now? I don't know if you Sara want to add some another idea? Let's see if anyone wants to add by voice any question?

J. – I have one. Am I being heard loud and clear?

A.H. – Yes.

J. – Nowadays in contemporary society there's a lot more sexualization of speech and even in culture. I mean, here in Portugal for example it has been debated in some articles and newspapers that teenagers start having sex earlier and earlier and the idea of romance is becoming a little bit old fashioned. Do you have that experience also in the States and do you think that things will develop how? In that sense?

S.B. – Ah-huh... Yes! That's a very good question! You know, as I understand it you're talking about that there is sex everywhere – it's in our media, it's on commercials... it's everywhere but it's not good sex, and we're not talking about how to have

relationships and the idea of romance or seduction has been gone away. And I believe that it coincides with the goal orientations for sex that - *if you have to stop at any point before there is mutual orgasm then you haven't had good sex* - which is completely wrong but that is the assumption for so many people when it comes to sexuality. So if you really are trying to reach an end to get to the goal then they forget about the journey and the journey is the seduction, the journey is the intrigue, it's the foreplay. All of the fun stops before you reach the end. And it's like, you know, watching a five minute movie - it doesn't... there's no intrigue. So I see that happening more and more and in the United States there's a campaign - the "*just saying no*" campaign - it's an abstinence based way of teaching about sexuality which you're showing with research, again and again, does not work. So finding a way for people who perhaps are teenagers who may not want to have intercourse *what can you do if you need to say no but you want to say yes! What can you do?* We're not teaching any of that in our schools, we're not teaching in our youth groups... they certainly are not learning it in the media. So I agree that it's a real problem. By not teaching about romance or seduction or foreplay or intrigue we are taking out a huge part of sexuality which I think ultimately will led you to more sexual dysfunction and more sexual dissatisfaction in our adult population. I think we'll be seeing much more of it actually.

J. - Thank you.

S.B. - You're welcome! Thanks for the question.

A.H. - Thank you João, for the question. Any other question please?

J. - I mean... can I give it another go? It's a bit related to the previous question on this sort of commercialization of relationships - How do you see the impact that internet has had upon relationships and ever more the lack of actual physical relationship only for consummating an act while the rest of the relationship doesn't happen physically, it happens through a web screen?

S.B. - Again, great question! I feel very mixed about this actually. I think there are intimacies and things that are said through the medium of the internet that would not be said in person. I know for example there are people... a friend of mine, he has five children and they text him and he says that they will say things to him in text that they would never say in person, like *I love you dad, you're the best, don't know what I would do without you...* you know? Beautiful things that they would never say in person and I think the same thing is true with revealing oneself to another person, if it's honest. I mean, of course people lie and they pretend to be who they're not and all of that. But in the best case scenario, you know, being able to be a bit more vulnerable and risk a bit more on intimacy... it can happen. I also know people who are dating and trying to find relationships through internet dating sites who thought they would never be able to find a partner. And they didn't want to go to bars or they had no way of meeting people. So there definitely are some benefits! On the other hand we have *sexting*, you know, which is having, using texting to have a sexual interlude with someone, to describe the details of what they might want to be doing

and so forth. So we are seeing more and more of that there. But not just with adolescents! In fact I'm seeing it some with couples, with married couples, sometimes couples in their fifties or even early sixties that are reviving their sex lives through *sexting*. And, you know, with foreplay before they get home in the evening. So there can be some perks. And, you know of course in the other hand I'm a sort of (I wouldn't say old fashioned necessarily) but the idea of fulfilling Skin hunger, that need to be touched, that need to touch someone else that you just can't get through a computer (you can try but it doesn't satisfy that need to touch that all people have). So if we could find a happy medium that would be my preference. And then I haven't even touch on the internet addiction or internet pornography which isn't by itself a bad thing, it's just if it stops you from being able to form intimate personal in person relationships, of course then it becomes problematic. But that's... There's a whole line of research actually - on the internet and more extreme forms of sexuality. That's a whole other, whole other topic I think. Does that help to answer your question?

J. – Yeah. That totally answers it. Thank you.

S.B. – You're welcome.

A.H. – Thank you João, it was wonderful. Let's see if anyone else wants to put a question?

Z. – Ok, are you listening? Yes, good evening Sara.

A.H. – It's good afternoon for Sara...

Z. – Oh! Yeah! Of course! Good afternoon! Well Sara, here in Portugal we are now approving marriage between gay and lesbian so I would like to know, in your opinion from a clinical point of view and your experience as psychotherapist, which do you think are the main problems and difficulties that people engaged in this marriage as gay have to face and are these problems and difficulties the same as in heterosexual marriage? And another point is the raising and educating children as a gay couple. Could you please tell us something about these three points? Thank you.

S.B. – Sure, thank you. Good questions. You know, often times people that are in same sex relationship the difficulties they have come from outside their relationship (from their families, from their culture, from their jobs) and not inside their relationship so much. So if we could have all things equal there aren't that many differences that couples that I worked with that are of the same sex (both men with men or women with women). Their difficulties are about communication or about how much they work, with their careers, or questions about how they raise their children, but they're really not that much different. Yet, there's always this sort of background noise or static that comes from the social factors that disapproves of their relationship. So that's in the room whether it is the issue that we happen to be speaking of, or not. So that's always a factor. So I still think that if marriage is made legal that it would solve a lot of the problems. Here in the U.S. our president has just made it so that you have visitation rights for your partner. We don't have marriage

here for same sex couples but visitation rights in the hospital for example a couple that have been together for thirty years and raised their children together, when one of them got breast cancer and is dying and in the last hours or days of her life her partner of thirty years is not allowed to come in to see her because of hospital policy. And that to me it's just not a humane way of treating people regardless of their sexual orientation, their race, their ethnicity... it's just wrong. And then as far as raising children all the research has said that people or children who are raised in same sex relationship function just as well, and in some cases better, than those that are raised in heterosexual relationships. What seems to matter the most is the amount of time spent together, the amount of love that is shown toward the children and the amount of disagreement or discord in the relationship (if that's kept low then the kids tend to do really really well). And it's hard! It's hard when all the representations in the books are of mom and dad. You know? It's hard when you go to school and all of the other kids have mommies and daddies and we've got two mommies or two daddies. It's hard when your friends don't understand or when your best friend at school finds out that you've got two mommies and they don't want you to come over to play. And they say *no you can't go to their house because they've got two mommies*. That's when it gets hard. But not innately hard in that you've got two same sex parents. How does that... does that help you sort of address my views on this?

Z. – Ok, Thank you Sara, thank you.

S.B. – You're welcome!

A.H. – Good. Let's see if someone wants to raise any question...? We have some minutes.

B. – May I ask you a question?

A.H. – Oh Bruno!

B. – Good afternoon Sara, nice hearing you again! We have met in May 2009 Lisbon Coherence Therapy seminar and workshop ...

S.B. – Oh! Good to hear you again!

B. – I have a question... I don't know how to put it... I feel that on the one hand people are more and more open to sexuality but on the other hand since that there's so much on offer everywhere some people may have the tendency to get little more conservative maybe! And I would like to know how you think people may develop in westerly countries, occidental countries in the next future, soon future. I don't know if it's clear what I'm asking or not so much.

S.B. – That is sort of... what do they call it?... a throw back or in reaction to there being so much sexuality that their goal is sort of to run the opposite away. I think there is going to be some of that but in fact I think that there is the assumption that people are being much wilder things than they actually are. And because of that there are people who will have more or less sexual contact based on what they could see,

other people to be doing at as opposed to what's actually happening. I mean if I was from Mars and I landed in the U.S. and all I could do, I mean all I could do was see the media and watch movies or the advertisements or music videos... what I think I should be doing compared to what it actually happens would be very different. You know, there's... you would think that people are having sex in bars on a regular basis and that's not what's happening. So I think we're going to see a sort of a dichotomous split... I think we'll see exactly what you're saying: some rather than having folks sort of head towards the mean, head towards the centre, we will have those that are doing very extreme things like as at the sadomasochistic bondage domination, we will have people into the different kinds of philiias, ectecetera, and then we'll have some that are reverting back to very sort of "straight missionary man on top sex", as opposed to being somewhere in the middle. So without a campaign that talks about healthy and more complete sexuality, I'm concerned about the split that will happen. And not for everyone, but I do see it happening. We often see it happening as sort turn back for the nineteen sixties and the purity time where sex was everywhere and we should be having lots of sex and *sex is free!* and *sex is wonderful!* but no one was telling anyone how to do it or what was good or how to negotiate with a partner, how to communicate about likes and dislikes. I mean, that simply wasn't part of our vernacular. To make that more common to talk about communicating about sex that increased comfort in talking about sexuality. I think could be a very good important first step and reaching sort of a nice balance about sexuality in our culture.

B. – Ah-huh. Thank you very much. Actually I have another question that has to do with that development that you imagine is taking place: how will it affect mental health of the normal school kids that is developing, in your opinion?

S.B. – Right! Well, you know, it's a funny thing isn't it? In our churches, in our religious organizations and our schools we're saying *sex is bad until marriage, sex is bad, it's bad, it's bad before marriage...* that's what they're getting from their organizations of parents, their churches, etc. Not what they're getting from the media! You know? The media it's telling them sex its fantastic and it's naughty and good and so they're confused to begin with. The other thing that's confusing for them is that sex is bad until you're married and then once you married it's supposed to be fantastic but they don't tell you how! So they feel inadequate, they know they're supposed to enjoy it and if they don't there's something wrong with them! And they don't know how to communicate about it so they will simply not talk about it, not have sex and then you get into the problems of low sexual desire and you just give them a pill... and then solve that... (laughing). You know? It's a vicious cycle there I think! I think if it is a cycle we need to catch it early. I think that appropriate age, appropriate sexuality education needs to happen earlier. I think appreciation of our bodies and knowing what we like and what we don't needs to happen (age appropriate, of course) but earlier. Then we are finding out now... most kids find out about their bodies from their friends and most girls learn about their bodies from teenage boy

who don't know much about girls bodies! It just a... we're really doing a disservice to our kids although... (I have to say that) it's a big disappointment to me that my eight years old has absolutely no interest in anything to do with where he became from. I mean, I keep trying to have the sex talk with him because I'm supposed to and he has no interest so I wait! (laughing...) So... I've been ready for years! He has no interest... But I think maybe that's my own problem...

B. – Thank you very much Sara... wonderful listening to you, thank you.

S.B. – You're welcome...

A.H. – Thank you Bruno... It was... I think we are running out of time because you have to leave Sara, so I think it's time to say that it was a wonderful time with you reflecting on human sexualities and constructivism and I sincerely hope this is the first of other coming opportunities for reflecting and learning from you and the field of psychotherapy.

S.B. – Well, thank you so much! You have all been wonderful, you've been excellent listeners and I appreciated the questions. Again if you've got more questions for me please feel free to send them on a message... I enjoy and appreciate talking about this topic and I'd be happy to do it at any point.

A.H. – Good. Thank you so much. I'm glad that you appreciated too. We'll keep in touch. Sara, thank you so much for coming...