



Sexuality Counseling Guidebook

VOLUME II

Key Issues for Counselors and Other Mental Health Professionals

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All students were enrolled in
CED 691: Advanced Clinical Topics in Couple and Family Counseling: Human Sexuality,
taught by Dr. Christine E. Murray, LPC, LMFT, during the Fall 2007 semester.

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Greensboro, North Carolina

PROLOGUE

This is the second volume of the *Sexuality Counseling Guidebook*, which was developed by graduate students in the Fall 2007 course, Advanced Clinical Topics in Couple and Family Counseling: Sexuality Counseling, in the Department of Counseling and Educational Development at The University of North Carolina at Greensboro.

The following chapters highlight sexuality in common stages of the family life cycle, as well as special populations counselors may encounter. All of these populations and stages have special needs that counselors should consider from a multicultural perspective. The authors of this guidebook view healthy sexuality not by “normative” standards but in terms of the client’s individual and relational needs.

Healthy sexuality is not easily defined because it looks different for each individual and/or couple. There are certain considerations to remember when providing sexuality counseling services to all populations. Some of these considerations include:

- Demographics/Statistics
- Multiculturalism
- Impact on the family life cycle
- Impact on social networks and/or systems
- Legal implications
- Strategies and Resources

This guidebook aims to address these and other implications of special topics in sexuality counseling. This is in no way an exhaustive list of items to consider before working with clients experiencing the topics addressed in the guidebook’s chapters; however, we hope this is a good place for you to start.

Volume I of this guidebook is available at the following web-site:
<http://www.uncg.edu/ced/bbandb/bbbguidebook.pdf>.

We also developed a workbook for use with clients that addresses sexuality and wellness. This workbook can be found at <http://www.uncg.edu/ced/swbk.html>.

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Chapter One
Counseling Guidelines for Sexuality of New Parents
By Catharine Banasiak

1. What is the definition of sexuality in new parenthood?

The time frame considered “new parenthood” where sexuality is concerned refers to a couple during pregnancy through the first three months to five years of their firstborn’s life. Because sexuality during this time frame is rarely researched, professionals’ definition of “new parenthood,” varies (Shapiro, Gottman, & Carrere, 2000). Often, longitudinal studies reach from the third trimester of pregnancy to a three or six-month postnatal follow-up. Doctors often recommend abstinence in the first six weeks post-delivery, and sexual behavior would be measured from this six-week mark forward.

2. How widespread is new parenthood?

Millions of couples become first-time parents annually in the US. Statistics are difficult to chart due to limited requirements for reporting, births outside of marriage, children in remarriage, or lack of participation in census outreach.

3. What is the typical developmental course of new parenthood?

Sexual desire and ability varies over the course of pregnancy and typically progresses slowly in the first post-partum year to pre-pregnancy levels. Negative body image, anorgasmia (inability to climax), and changes in the vaginal shape and function all influence sexual desire and can help or hinder this process (Pacey, 2004). 35% of women engage in intercourse after their six-week postnatal checkup. By three months post-delivery, 70% of women find sexual intercourse enjoyable once again. Male masturbatory behaviors remain constant through pregnancy and new parenthood, and female masturbation remain constant during pregnancy, drop to non-existent immediately following delivery, and increase gradually after delivery.

4. What impact does new parenthood have on the individual involved?

The most common symptoms of postnatal sexual frustration impact a new mother: pain upon penetration, pain during sexual intercourse, pain during orgasm, vaginal tightness, lack of vaginal lubrication, difficulty in reaching orgasm, loss of sexual desire, vaginal looseness, and bleeding/irritation after sexual intercourse. The breasts permanently change when a woman delivers, whether or not she chooses to breastfeed. Mothers may feel that their breasts now belong to their baby and expect husbands to no longer be attracted to their breasts. Additionally, breast-feeding influences estrogen levels, resulting in vaginal soreness, vaginal dryness, and delayed or hindered response to genital stimulation (Pacey, 2004).

5. What impact does new parenthood have on the individual’s family system?

Marital satisfaction in the transition to parenthood is researched far more in-depth than the sexual relationship at this important life stage. Commonly, we assume that marital satisfaction tends to decline once children become part of the family (Lawrence, Nysten, & Cobb, 2007). Researchers argue that this is false and note that despite some initial decline, the transition to parenthood is a process and couples’ satisfaction often increases in parenthood. Not all couples experience a decline in marital satisfaction—39% of surveyed new parents reported stable marital satisfaction in early stages of parenthood and 18% reported positive increase in marital satisfaction (Shapiro, et al., 2000). 43% of couples experience an initial decrease in marital satisfaction, however these couples often report in longitudinal studies that their dissatisfaction tapers off throughout the early childhood years of the firstborn.

6. What impact does new parenthood have on the individual’s social functioning?

Social functioning is highly influenced by the meaning pregnancy has for one partner in a couple. For many women, pregnancy is an affirmation of their sexuality rather than a deterrent. (Schultz, Cowan, & Cowan, 2006; Pacey, 2004). Often, women experience an increased libido early in pregnancy because of the increased blood flow to the genital region. Women may have their first orgasm in pregnancy, or conversely may stop being able to reach climax. Reports regarding a woman's sexuality during pregnancy are highly conflicting and report both extremes. Males may experience sexual dysfunction in reaction to their partner's sudden distaste for intercourse, or intimidation by their newfound desire for more sexual activity. Antenatal medical problems may negatively influence the woman's work ability as well as her sex life [stress incontinence, urinary tract infections) and some medical ailments can influence the woman's social and sexual life such as nausea, vomiting, backache and fatigue. Additionally, some are sex-specific such as dyspareunia or painful intercourse, hemorrhoids, and breast tenderness.

7. Are there any legal issues related to sexuality in new parenthood? If so, what are they?

There are no major legal issues associated with new parenthood; however there are some medical concerns that may arise in preparation for parenting. Many adults believe that cesarean-section procedures will maintain the quality of their sex life and won't "ruin" the vagina—this is untrue (Barrett, Peacock, Victor, & Manyonda, 2005). Postnatal sexual health is a challenge for c-section mothers with regard to every symptom other than vaginal pain. These moms still experience a change in the shape of their reproductive organs, vaginal dryness, loss of interest in sex, decreased body image, difficulty reaching orgasm, and potentially irritation after intercourse (Pacey, 2004).

8. What assessment strategies should a counselor use when working with a client facing sexual adjustments in new parenthood?

A multitude of assessments are used in family therapy to assess couples' marital satisfaction in the transition to parenthood. Specifically, the Oral History Interview can facilitate discussion around intergenerational transmission of marital values and prepare couples to discuss areas of disagreement in their childhood experiences they may wish to pass on to children (Lee & Doherty, 2007; Perren, Von Wyl, Bürgin, Simoni & Von Klitzing, 2005). The MAT by Locke & Wallace is an assessment related to marital satisfaction that has been used by multiple researchers studying the experience of shifting sexuality during new parenthood.

9. What are some effective counseling strategies to use when working with a client facing sexual adjustments in new parenthood?

Counselors need to validate stress associated with changes in sexual relationships, and normalize the frustrations a couple encounters. Over 80% of women experience at least one sexual problem in the first three months post-partum. 65% were experiencing at least one sexual problem six months after becoming parents---This is common! (Schultz et al., 2006).

Counselors can also work with couples to strengthen the marital friendship and identify buffers to dissatisfaction so they feel more prepared when the strains of new parenthood take their toll (Shapiro et al., 2000). Relationship qualities that positively influence overall satisfaction include wives who report their husband expresses fondness, and affection as well as awareness for his wife and their relationship. Counselors must also be aware that in Shapiro's research, many wives did not report dissatisfaction in their three month post-partum report---the decline presented in the one-year follow up for 13 of 27 declined-satisfaction wives (n=40). Preparing couples for this shift and heightening awareness that positive interaction tends to decrease while conflict tends to increase can help counselors effectively guide parents through this transition.

10. What resources (e.g., books, Internet sites, and support groups) are available to help support individuals affected by new parenthood?

- Parents Magazine Website www.parents.com has current event articles related to not just your child, but your relationships as a parent.
- The Nest, Baby www.thenestbaby.com has information from trying to conceive through teens, family life issues and helpful resources both counselors and new parents can find useful.
- Sex Secrets Every Parent Should Know, a great resource for counselors to hand out to parents to take home http://www.babycenter.com/0_sex-secrets-every-new-parent-should-know_1300102.bc
- National Council on Family Relations www.ncfr.org a network for family life educators, family therapists, counselors, and educators to share information and read the latest research on all aspects of family life including developmental milestones in the family life cycle and human sexuality.
- Book: Mating in Captivity: Reconciling the Erotic and the Domestic *Esther Perel*

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Chapter Two
Sexuality Counseling for “Empty Nester” Couples
By Steven Boul

1. What is the definition of “empty nester” couples?

The phase of the adult life cycle that is commonly known as the “empty nest” or postparental period starts whenever the last child leaves home. This is a transition period in which couples that have raised their children must adjust to new roles not centered around parenthood, and to redefine their relationship in terms of a couple instead of as heads of a family. This transition also entails dealing with midlife changes in their bodies due to aging and menopause that may affect their sexual desire and performance.

2. How wide spread is the empty nester phenomenon?

Almost all couples that have children will eventually have to face their children leaving home, and everyone has to face the midlife changes in their bodies due to aging. How severely these changes affect the parent’s relationship and sexual functioning depends upon a variety of cultural, relationship, and individual factors. The majority of couples make these transitions without hardship, but a small percentage of women do experience a plethora of negative emotions and adjustment difficulties known as the empty nest syndrome.

3. What is the typical developmental course for the empty nester phenomenon?

For highly individualistic cultures, such as that found in the United States, the empty nest occurs when the last child has gone off to college. Children in these types of cultures are encouraged to become independent as soon as possible, and it is expected that after college the child will find employment and their own place to live. Other cultures that are more collectivist in nature do not push their children to become independent so quickly, so the younger child may stay in the house for a longer period of time. Households in these cultures often have three different generations staying in them, so there may never be a time where there is an empty nest.

The timing of the empty nest cycle also depends on when the couple started having children. For the couple that gets married in their 20's and started having children soon after this cycle occurs when the couple is somewhere in their 40's. With the longer life span and more active lifestyle of the baby boomer generation this empty nest period can last into the couples 70's and 80's. Other couples, though, wait to establish careers before becoming parents, or start new relationships in midlife and then become parents. For these couples, the empty nest experience may not occur until they are in their late 60's.

4. What impact does the empty nest have on the individuals involved?

The empty nest or postparental period is not experienced the same by everyone. For most men and women the empty nest is a time of renewal in their relationship. Couples in their midlife that have launched their children have reported greater marital satisfaction, more spontaneity and intimacy, increased time alone, greater happiness, more freedom, and less responsibility than couples their age that still have children at home. One study that examined 3000 adults found that empty nesters were less depressed than adults living with children or those that had never had children. Of course, much depends on the quality of the couple's relationship before the children left the house.

For some, the postparental period is very hard. The ones hit hardest are women who were over invested in the mother role, and who put the needs of their children ahead of their own. When the children leave these mothers lose their sense of identity and purpose. This has caused people to go into a deep depression. Stay-at-home mothers are the most susceptible to this syndrome. Women who are able to develop alternative roles to supplement the declining mother role experience much less distress.

The timing of the empty nest normally corresponds with changes in the body due to aging. Unfortunately, even though these changes are the normal biological progression with age, these changes are often described in terms of decline rather than a natural change. Although both men and women go through changes during this period, these changes affect men differently than women. Both men and women experience a decrease in the amount of testosterone being produced, which lowers sexual desire. Men also may find that they are slower to be aroused, have softer erections, changes in ejaculation, and delayed orgasms. Women produce less estrogen, which can cause a thinning of the vaginal walls and possible dryness that can cause discomfort during sex.

Both men and women undergo body changes as they age. The late 40's is the time when women start to go through menopause. For some woman menopause, which signals the end to their childbearing ability, brings about feelings of loss. In addition, menopause brings with it a host of physical changes, such as hot flashes, weight gain, hormonal shifts, and an increased vulnerability to osteoporosis. Despite this, most women welcome the arrival of menopause and report no changes in depression, anger, or anxiety. Many women experience this time as a period of freedom where they can grow and explore new interests, free from the demands of caring for children.

As the person ages the metabolism slows down. This is accompanied by a decrease in lean body tissue and an increase in fat. A woman of 50 has almost twice the body fat of a 20 year old. Men may be losing their hair and growing paunchier. Socialcultural factors that emphasize youthful appearance, especially for women, cause most women to consider themselves as having been more attractive 10 years ago than they are now, regardless of their present age. The more a woman considers herself less attractive than before, the more likely she will experience a decline in sexual desire. Both men and women must go through a letting go of youthful fantasies and replace them with a more realistic view of attractiveness, love, and marriage. Luckily, although women's dissatisfaction with their bodies remains constant as they age, their appearance anxiety, habitual body monitoring, and self-objectification actually decrease with age. So woman in midlife often feel more at home in their bodies, and more comfortable expressing who they are, both emotionally and sexually. Although some men do have a "midlife crises" in which they attempt to recapture the feelings of their youth, most men come through this period with a mature sense of who they are and what their sexual and emotional relationships should look like.

5. What impact does the postparental period have on the family system?

Couples who have launched their children often find themselves having to reevaluate their relationship. For some who have had a long relationship with a mature partner, this period allows a refocusing of attention back onto each other instead of the children. Men during this period often find themselves changing priorities, placing a higher interest in relationships and emotional intimacy, and are much less interested in power and control. This increased communication, respect, and emotional intimacy with their partner leads to increased marital satisfaction, and is one of the best predictors for sexual satisfaction in women. With the children out of the house the couple often feels less inhibited, and thus more likely to be spontaneous and passionate. After many years together most partners are more tolerant and accepting of each other, and each can bring a more mature sense of self to the relationship, greatly enhancing their sexual potential.

Not all couples have such a rosy picture after the children leave. If the couple used their children as a distraction to keep them from dealing with their differences, and have spent the time burying feelings and growing more distant from each other, what they may find is empty when the children leave is their marriage, not the house. There is a dramatic peak in divorces for individuals in their 40's and 50's. This may be caused by couples facing the unpleasant prospect of spending the rest of their lives with someone they don't really know or care for. It is interesting to note that women

initiate 85 percent of these divorces, highlighting the growing sense of independence and self-confidence many women find in midlife.

6. What impact does the postparental period have on the couple's social functioning?

With the decreased responsibility of childrearing the midlife couple has more freedom to engage in social events and to spend time with friends. Women at this stage often go back to school or work, starting new career paths. Women start to redefine themselves as someone with something to contribute, not just as a mother with no children at home. Although work still stays an important part of the man's life, there is an increased interest in balancing the family life with work. This may translate into doing more things as a couple, increasing the sense of intimacy and connectedness. Friendships during this period often take on a new importance. With more time to devote to friends, and without the distraction of children, friends start to function more as an extended family, giving meaning and purpose to life.

7. What assessment strategies should a counselor use when working with postparental couples?

Assessment should cover all the areas that affect sexuality, including biological, sociocultural, intrapersonal, and interpersonal. Biological assessments should be made by a physician to rule out possible causes of sexual dysfunction or discomfort. Couples inventories for mature couples may help to show areas of strength and weakness for the couple. Each partner should be evaluated on how they view themselves, physically, emotionally, and sexually. Beliefs about gender and cultural roles should be evaluated to see if they are limiting the couple in some way. How invested each partner was in the parenting role also should be examined, as well as new directions for the couple to go. A good history of the couple's relationship should be obtained so that the couple can have a clear view of where they are starting.

8. What are some counseling strategies that can be used with postparental couples?

The postparental period is a time of change, physically, emotionally, and interpersonally. Helping the couple to learn to communicate these changes to their partner is vital. This is a time of great personal growth, but seeing your partner change can be frightening, especially if you are concerned that the relationship cannot survive the change. Have the partners express their concerns, hopes, and expectations for the marriage. Through this the couple may together plan how the marriage should look, and in what directions they may wish to take it.

It may be useful to the couple to get them to expand their definition of what sex looks like in their relationship. As the body goes through its natural changes, changes should be made in the way the couples engage in sex. More time can be spent on just touching and being together. Adjustments can be made to overcome decreased sensitivity and desire. Slower arousal for both partners means more time simulating each other. Experimentation should be encouraged. And what each partner considers beautiful may need to be redefined in terms of the realities of the age.

Another point to emphasize is to have the couple take care of themselves physically. Have them develop some type of workout schedule that they can stick to. But be sure to emphasize the emotional and mental benefits of exercise, not just body shape motive. People who exercise just because of body shape issues have been found to be less likely to keep exercising as those who have other motives. Sexual desire and stamina are directly related to the health of the person, so increased physical health can lead to better sex, and a better feeling about yourself as a sexual being.

9. What are some resources couples in the postparental period can use to help them?

Websites:

- AARP research on midlife sexuality
(www.aarp.org/research/family/lifestyles/2004_sexuality.html)
- Women's Sexuality at Midlife and Beyond: The Feminine Paradigm

(www.alternativeapproaches.com/magick/midlife/midlife.htm)

- Sexuality in Midlife and Beyond-Harvard Health Publications (www.health.harvard.edu/)

Books

- Making Love the Way We Used to . . . or Better (Hardcover)-by Alan M. M. Altman & Laurie Ashner
- The Male Biological Clock: The Startling News About Aging, Sexuality
- Fertility in Men (Hardcover) by Harry Fisch & Stephen Braun

Local therapists in Greensboro, NC:

- Patricia A. Vedder, Ph.D., LMFT, LPC, ATR-608 N Greene St, Greensboro, NC 27401, Phone: (336) 273-3900
- Robert W. Herron, Ph.D., AAMFT Approved Supervisor, 3713 Richfield Rd, Greensboro, NC 27410 Phone: (336) 288-1484, website: <http://www.greensboro.com/pcc>

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Chapter Three
Sexuality Counseling for Dual-Career Couples
By Taleisha Bowen

1. What is the definition of a Dual-Career Couple?

A dual career couple, also referred to as a dual-earner couple, is one in which both members are in active pursuit of a career. Using the term “dual career” connotes that both partners are employed in specialized fields that require significant investment in education and training. “Dual Earner” couples may consist of one careered partner, who will typically earn a salary, and a wage-earner partner who has a job that requires less preparation and earns less, or of two wage earners. The difficulties faced by these three subgroups are similar enough that the term “dual career couple” can fairly be applied to all. Certain challenges are more specific to each subgroup, even among similar circumstances. Using relocation as such an example, a career may be truncated due to the needs of the other partner’s career relocation needs, a wage earning partner may have to find new work after the other partner’s career requires relocation, or significantly better pay in a new location for one partner may make a dual wage-earner couple consider relocation after weighing the ramifications of the other partner needing to find a new job.

2. What is the prevalence of Dual-Career Couples?

Exact statistics on the number of dual-career couples are hard to determine. According to the US Census Bureau, the median household earns almost \$44,400 per year and has 1.35 income earners, which would include any children over age 14 earning a wage (US Census Bureau, 2007). The mean number of income earners becomes two for the \$50,000 to \$75,000 income bracket, which made up 18.27% of the population in 2005. The mean number of earners remains two for all subsequent income brackets, suggesting that as many as 44.93% of households have at 2 income earners (Wikipedia, 2007). This would suggest that dual-earner couples are not uncommon. Some estimates suggest that dual-earner couples comprise of as much as 65% of the US workforce. Married couple families comprised of 51.35% of all households in 2005.

3. What is the typical developmental course of Dual Career Couples?

Often, both males and females work before they are married. This will usually continue until the birth of a child, at which point one partner, often the woman, will take an extended leave of absence from the work force to care for the couple’s offspring. She may elect to return to the workforce at any point from as soon as her maternity leave ends to as long as after the couple has launched all children. The developmental course of dual career couples often mirrors the family life cycle.

4. What impact does being in a dual-career couple have on the individuals involved?

In a dual-career couple, it tends to be the husband that puts in more hours, but the wife who is more stressed, especially if the couple also has children. This is because women are more likely to defer or minimize their careers to provide care for the children. Husbands also incur stress from the fact that they are often less available for their children and spouses than they might like to be.

Some studies have also shown that women tend to be happier and have less job related stress if they refuse or refuse to pursue promotions and/or cut back on their work hours to focus on home life, especially if there are children at home. Finances are often a large stressor for dual-income couples, who may feel that with two incomes, they “should” be able to handle the flow of money. But in many dual-earner couples, most of the “second” income (and a large portion of the “first” income) goes to gas, vehicle maintenance, child care, affording a home in a good school district, and paying off debt (Dugas, 2003; Goetting, 2003).

In academia, the number of dual-career couples may represent as much as 80% of the work force (Henderson, 2007). In these circumstances, a similarly and even better educated spouse may take an underpaying position to remain near their spouse. Sometimes as part of an initial job offer for a faculty member will come a part-time position for their spouse, but these circumstances are rare and oftentimes undervalue the second partner's contributions.

5. What impact does a dual-career couple have on the family system?

A dual-career couple that also functions as parents can cause additional stress on both the immediate family system as well as the parents themselves. Children may grow up as "latch-key" kids or there can be additional financial concerns related to obtaining appropriate childcare. It is not uncommon for the couple's parents and extended family to serve as caregivers for children while their parents are at work.

A unique experience of the current generation of dual-earner couples is that of being the "Sandwich Generation," who are simultaneously raising children and caring for elderly parents. This population is increasingly becoming the focus of academic study, but little academic research has been conducted on this population at this point. It may be suggested that the immediate addition of the elder generation may cause additional strain on each member of the couple.

6. What impact does being in a dual-career couple have on an individual's social functioning?

There are several general benefits that lead a couple to become a dual-earner couple. First is the economic earning power that a dual couple holds (Dobson, 2006). Even once miscellaneous costs are accounted for, dual-earner couples tend to have more money to "play with" and invest than do single-earner households. Sometimes, friends of the dual-earner couple can feel hurt or neglected by the couple for their lack of general or spontaneous ability to socialize (Baskin, 1998). The individual members of the couple might feel shunned or shut off from their friends, or guilty that they are unable to make as much time as they would like for socialization purposes.

7. What are the legal issues related to being a dual-career couple?

The most obvious legal concern of a dual-career couple is that of any couple: divorce. As roughly 50% of marriages currently end in divorce, dual-career couples have to be cognizant that divorce is always a possibility. For dual career couples that are not able to achieve a workable balance between work and home life, divorce may be inevitability. Members of a dual-earner couple who go through a divorce may find themselves facing alimony or child support payments, even if the other partner continues to work after the divorce, and reduced economic viability once the divorce is final. However, this may not be as much an issues as may be expected: Dobson (2006) reports that women who work may be as much as 50% less likely to see their marriages end in divorce.

Something else that can become a legal issue with families revolves around the Family Medical Leave Act (FMLA). Under this law, certain individuals are allowed up to 12 weeks of unpaid job-protected leave per year, with continuance of medical benefits. By this law, employees (male and female) can take time off for the birth and care of the employee's newborn child, when the employee is adopting a child, to care for a child, spouse, or parent who needs care, or when the employee is sick and needs to take time off for recovery.

8. What assessment strategies should a counselor use when working with a client in a dual career couple?

A counselor working with one or both members of a dual-career couple should also be cognizant of power within the relationship, as well as the potential for "spousal rivalry." Assessments that may be useful when working with members of a dual-earner couple include the Dyadic Adjustment Scale (Spanier, 1976), the Index of Marital Satisfaction (Hudson, 1997), the Dual Employed Coping Scales (Skinner & McCubbin, 1991), the Dual-Career Family Scale (Pendleton,

Poloma, & Garland, (1980), the Competitiveness Scale (Laner, 1986), the Relationship Assessment Scale (Hendrick, 1988).

9. What are some effective strategies to use when working with a client in a dual-career couple?

When working with one or both members of a dual-career couple, a counselor should seek to help fine-tune the couple's already pronounced time-management skills into making more space for quality time with one another and themselves. Members of a dual-career couple can often be harried and over stimulated from constantly multitasking and balancing home family life and "work family" life (Baskins, 1998). Clients, male and female, may also exhibit "I Need a Wife" syndrome, in which the client expresses a desire for a person who listens and provides empathetic support (Baskins, 1998). By teaching clients be better able to provide and receive this sort of communication for and from one another, a counselor can help what may be becoming rocky marital terrain become, instead, a chance for both partners to become more aware of their in-the-moment needs and how to get those needs met by one another. Some of the most effective counseling for members of a dual-career couple is done within the context of career counseling. Oftentimes one member will end up in front of a career counselor when a move by their or their partner's employer that results in re-evaluation and re-organization of a partner's projected career path.

10. What are resources available to help support members of dual career couples?

- A web article that lists resources for dual-career couples, especially for those in academia, including several good general relocation resources:
http://sciencecareers.sciencemag.org/career_development/previous_issues/articles/2240/resources_for_dual_career_couples
- Partnerjob.com: A website where employers post jobs that also provide space for a spouses career. <http://www.partnerjob.com/index.php?rub=home>
- The Sandwich Generation: A website with resources for those simultaneously caring for children and elderly grandparents: <http://www.thesandwichgeneration.com/>
- US Department of Labor FMLA Fact Sheet:
<http://www.dol.gov/esa/regs/compliance/whd/whdfs28.htm>

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Chapter Four
Counseling Guidelines for Couples Dealing with Infertility
By Lindsay Satterwhite

1. What is the definition of infertility?

The National Center for Health Statistics defines infertility as a heterosexual couple's inability to conceive after one full year of unprotected intercourse.

2. How widespread is infertility in the U.S.?

Studies disagree on the percentage of American couples who struggle with fertility issues, citing anywhere from 8% to 20%, with the most recent statistics hovering around 15%, or 4.3 million people (Gibson & Myers, 2000). Specialists agree that the number of Americans experiencing fertility difficulties is expected to increase as more couples delay marriage and children to finish post-graduate degrees and begin careers.

3. What is the typical developmental course of couples dealing with infertility?

Most couples who confront fertility problems report that they fully expected to be parents when they were ready. The reasons for their difficulty range from a need for better education about the timing of intercourse to implications of sexually transmitted diseases and biological dysfunctions. When a couple is confronted with the inability to conceive, they have difficult decisions to make.

Couples may choose to pursue medical treatments to aid them in becoming pregnant. The numerous options available to couples who struggle with biological obstacles are not only complicated and confusing, but they have extremely high price tags and low success rates (Clay, 2006). If couples can afford procedures financially, they may still have great difficulty affording the high demands placed on their lives; frequently, treatments require doctor visits more than once a month over an extended time period. Repeated treatments may cyclically lift and then dash the couple's hopes. Of the couples who choose to seek medical help with fertility, 35% to 50% still never have a biological child (Baldo & Watkins, 2004).

If a couple chooses not to pursue medical treatments, or medical treatments are unsuccessful, they frequently experience a period of loss and mourning that is isolating. Couples may choose to isolate themselves to avoid events with pregnant women or children, or they may find that they are not invited to such events by family and friends wishing to "spare their feelings." Couples may eventually decide to pursue adoption, but this process can also be long, extremely expensive, and trying on the relationship.

4. What impact does infertility have on the individual/couple involved?

Identity as a parent, and especially as a mother, is so intertwined with beliefs about purpose, sexual identity, self-esteem, and marital roles that the transition into non-parenthood is both stressful and traumatizing (Greil, Jacob, McQuillan, & White, 2003). The experience of discovering infertility, even without the added stress of making decisions regarding treatment, is described as a nonevent involving a complex crisis, characterized by stress, depression, low self-esteem, sexual dysfunction, and marital discord (Gibson & Myers, 2005). In fact, the *Journal of Psychosomatic Obstetrics and Gynecology* reported that infertile women's anxiety and depression rivals that of women with cancer or HIV (as cited in Clay, 2006).

Couples frequently find that their sex lives change radically. Not only do feelings of depression, helplessness, and grief lower the libido, but couples report feeling like they are "broken" or "damaged." Individuals blame themselves and resent their reproductive organs for their predicament. A bias that lingers from historically misguided beliefs about reproduction is that women are to blame for fertility difficulties in most relationships. In fact, research shows that men and women are equally

as likely to have fertility-threatening problems, with a remaining 10% attributable to unknown causes (Gibson & Myers, 2000). However, the woman is still likely to believe that infertility is her fault and her husband is likely to (sometimes errantly) confirm this belief.

Further, the spiritual and moral concerns implicated by many of the medical treatments for infertility may awaken or exacerbate marital conflict; sperm donors, surrogacy, and the question of what to do with fertilized eggs that are not implanted are all weighted issues with which the couple must grapple. Even if a couple can agree upon a course of action, the financial burden of pursuing medical treatments (which are often uncovered by insurance companies) can place additional stress on a marriage.

5. What impact does infertility have on the couple's family system?

Would-be grandparents frequently struggle with similar feelings of loss and grief, especially if the couple involved is the grandparent's only opportunity to have a grandchild. Grandparents may feel that they cannot share their feelings for fear that it would minimize the feelings of the affected couple. Grandparents can inadvertently place more pressure on their children and thereby strain relationships. Siblings and cousins who are celebrating pregnancies, births, or birthdays for young children may feel that they cannot express their joy for fear of hurting the affected couple. It may be extremely trying to be the fertile sister of a woman struggling with infertility. Guilt, resentment, and anger are only some of the emotions that family members of the affected couple may experience during this sensitive time.

One often-overlooked type of infertility is "secondary infertility." Couples who have one or more biological children and then encounter infertility are experiencing secondary infertility. This experience carries its own set of unique characteristics, one being that family and friends might insinuate or state that the couple doesn't really have a problem to complain about because they already have children. Another aspect of this problem is the subjective experience of the child/children. Often a child will see their parents swept up in the emotional and financial experience of infertility and experience low self-esteem ("am I not good enough?") or exhibit acting out behaviors to regain their parents' attention or to distract the parents from their problems.

6. What impact does infertility have on the individual/couple's social functioning?

Infertility difficulties affect a couple's social life in several ways. The belief that stress affects infertility is often evident in a couple's social support system. Family members frequently offer suggestions like "Go on a vacation," "Have a glass of wine, relax," and "You're just trying too hard, let nature take over" (Clay, 2006). These attitudes convey to the couple that they are to blame for this problem, which could be easily fixed if they simply did something differently, and that their friends and family are tired of hearing about their difficulties. Further, negative stereotypes regarding voluntarily childless couples permeate the realities of infertile couples. According to numerous studies cited by Gibson & Myers (2000), couples who choose not to have children are viewed as unhappily married, maladjusted, emotionally immature, and selfish. Infertile couples who choose not to pursue costly medical treatments in order to conceive inherit many of these negative perceptions and have difficulty reconciling their own views of childless couples with their self-identity. Couples tend to separate themselves from extended families and friends during this trying time period in an effort to avoid hurtful questioning and painful events such as baby showers (Baldo & Watkins, 2004).

Fertility treatments or adoptions may affect a couple's careers as well. Frequent visits to the doctor (often more than once monthly) or travels for adoption may be viewed negatively by an employer. People may feel a sense of injustice at work since biological parents are afforded maternity and paternity leave, but they have to take vacation days to pursue having a child.

7. Are there any legal issues related to infertility? If so, what are they?

It is important to note that homosexual couples may struggle with the same feelings of grief and loss over the dream of growing up to have a family. Not only do homosexual couples have to struggle with questions regarding medical treatments, surrogacy, and adoption, but they often find that they have to be dishonest in order to receive services. In many states, it is illegal for homosexual couples to adopt children.

8. What assessment strategies should a counselor use when working with a couple dealing with infertility?

Couples report being intimidated and flooded by interactions with the medical community regarding fertility treatments. Oftentimes, a couple will seek counseling services primarily for a layman's description of their options and a time to ask questions (Cooper-Hilbert, 2001). An infertility counselor must have an updated knowledge of the treatment options available, the costs, the success rates, and the emotional and spiritual implications of each. In general, counselors can be valuable to the couple by facilitating the couple in finding this information and processing possible implications of different decisions. Financial planning may be an important aspect of this process.

Thus, when working with a couple confronted with infertility, the counselor should assess the couple's understanding of their options, their level of readiness to make a decision (as evidenced by their ability to have a calm and open conversation about their options), and their financial ability to consider certain options. The counselor may also want to assess the reasons the couple wanted to have children in the first place to determine which options might work best for them and to help the couple decide if they are ready to become parents (Daniluk, 1991).

9. What are some effective counseling strategies to use when working with a couple facing infertility?

Counselors should pursue six goals when working with couples dealing with infertility. The most important aspect of counseling couples through infertility is building rapport and validating the clients' emotions and experiences. The counselor must focus on the use of empathy and reflective listening, particularly to the woman. Frequently, a woman's self-esteem has taken a hit; she often doubts her emotions and her assertiveness in expressing them is particularly low. Reflections of feeling not only serve to validate and normalize the woman's experience, but serve as an excellent model for a husband who doesn't know how to validate his wife's emotions (Gibson & Myers, 2000). Other goals include:

(a) Identify and discuss the couple's individual coping skills

The interplay of the partners' individual coping responses significantly affects the amount of distress experienced throughout the adjustment to infertility, particularly if they are using different coping resources (Newton, Peterson, Rosen, & Schulman, 2006). It is important to identify and acknowledge how the partners cope so that they can draw on their own skills and recognize and respond healthily to the coping response in their partner.

(b) Identify and assess the validity of injunctions about parenthood and marriage

Men often believe that infertility calls into question their masculinity and makes their partner less physically attracted to them (Clay, 2006). Women may feel that their inability to become a mother is intricately tied to their role as a wife and perceive themselves as a bad wife, or believe that their husband will go find someone "better" (Gibson & Myers, 2000). Individuals may view their infertility as "punishment" for being a bad person, being sexually promiscuous earlier in life, or having an abortion earlier in life (Baldo & Watkins, 2000). The couple can build their relationship by helping each other disprove injunctions. Removing these injunctions reduces stress and increases marital health.

(c) Establish a comfortable understanding of the available options

This includes both an intellectual and emotional understanding. Once the couple has an intellectual understanding of their options, they can begin assessing what aspects of parenthood appeal to them. For example, a couple who is intensely emotional about having a child who shares their physical characteristics needs to acknowledge the drawbacks of the use of a sperm donor and adoption. The couple can also begin to discuss spiritual concerns; for instance, in the case of in vitro fertilization some fertilized eggs will not be implanted and the couple needs to decide what they will do with those embryos. This is also a time to discuss the lengths to which the couple is willing to take their pursuit of parenthood. It is crucial that the couple agrees on a “stopping point” before pursuing costly options (Newton et al., 2006).

(d) Reassess motivation and desire for parenthood

The couple needs to assess their individual desire to actually become parents and decide if there are alternative activities that would fulfill them in the same ways (Daniluk, 1991).

(e) At a reasonable juncture, acknowledge and grieve the loss of the hoped-for child

Since there is no societal recognition for the non-event of infertility, therapy is often the best place for a couple to grieve the loss of their hoped for child (Daniluk, 1991). Sometimes a couple finds it helpful to write a letter to the child, or have a ceremony to say goodbye.

(f) Repair the sexual relationship

Infertility is a time characterized by intense pressure placed on an intimate act, with emphasis on dysfunctional body parts and the failure of intercourse (Cooper-Hilbert, 2001). Couples need to be encouraged to separate the act of love-making from baby-making. Perhaps this will entail acting out roles where they can become someone else and escape the rigors of their medical experience, or the acting out of an irreverent fantasy. Since sexual intercourse has been performed to create a child, efforts to “de-sanctify” the act may help lovers feel attractive again. It is important to acknowledge that performance anxiety may have taken on a life of its own by this point in the journey, and no longer be linked to infertility but to self-hatred or poor body-image (Baldo & Watkins, 2004). These issues need to be addressed and respected, independent of the crisis of infertility.

10. What resources are available to help support individuals affected by infertility?

Books that focus on the emotional and relational components of infertility include: When You Are Coping with Infertility by Vera Snow, & Unsung Lullabies: Understanding and Coping with Infertility by Janet Jaffe. Support websites include: www.DailyStrength.org, www.FertilityJourney.com, www.pregnancymd.org/support.htm. Support groups are often available through local medical facilities or churches.

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Chapter Five
Sexuality Counseling Guidelines for Clients Experiencing a Divorce
By Melissa Doerfer

1. What is the definition of divorce?

Divorce is defined as the ending of a legal marriage by annulment, litigation, or mediation before the death of either spouse (Wikipedia, 2007). The steps necessary for a spouse to end their marriage may vary by state, and the couple has the ability to choose between various types of legal dissolution of their marriage (e.g., no fault divorce, at fault divorce, summary divorce, uncontested divorce, collaborative divorce, mediated divorce, or annulment). A couple working through a divorce usually has to decide the distribution of property, the custody agreement for their children, and the boundaries for their legal separation. Depending on the state, couples may also have the option of working through a trial separation, permanent separation, or legal separation before choosing to end their marriage immediately (Divorce Law FYI, 2007). Both partners are often advised to seek legal help and counseling during a divorce due to the complicated nature of navigating through the separation process and the duress the separation causes.

2. How widespread is divorce?

According to the US Census Bureau's 2004 report, 68.8% of men and 74.2% of women have been married at some point in their lives. Of those married individuals, 20.7% of men and 22.9% of women experienced divorce in the past and about 10% of men and women are currently divorced in the United States. The 2004 census reports also note that Arkansas and Nevada currently have the highest divorce rates in the United States. Based on the statistics published by the United Nations, the United States has the third highest divorce rate in the world (United Nations, 2007).

Divorce rates have steadily increased in the United States over the past 50 years. Most statistics state that couples have a 50% chance of divorce during their first marriage and a 70% chance of divorce when marrying for the second time (Arendell, 1992; Carter & McGoldrick, 2005; Harvey & Fine, 2004; Martin, Specter, Martin, & Martin, 2003). Over the past three decades, divorce rates have declined during times of hardship and have risen in times of greater societal stability (Ahrons, 2004). In an attempt to lower divorce rates, researchers have tried to pinpoint reasons for the increasing rates of divorce seen in American society. Some researchers refer to changes in religious and societal views of marriage over time while others cite communication issues, emotional abandonment or abuse, and infidelity as the top reasons most couples divorce (Furstenburg, 1994; Hetherington & Kelly, 2002).

3. What is the typical developmental course of divorce?

Ahrons (1994) stated that the process of divorce occurs on individual and family levels. One partner often makes the cognitive decision to leave the marriage and is then plagued with the issue of presenting this decision to their spouse and family. The developmental model of divorce provided by Carter and McGoldrick (2005) splits the process to discuss the pre- and post-divorce experience. Their model includes the decision to divorce, planning the breakup of the family system, separation, and divorce within the pre-divorce sequence while single parent custodians and non-custodial single parent issues are discussed within the post-divorce family sequence. Dismantling a family often involves legal issues, systemic reorganization, orderly or disorderly separation, the establishment of new boundaries, figuring out co-parenting relationships, family redefinition, and dealing with the former spouse relationship (Ahrons, 1994).

4. What impact does divorce have on the individual involved?

Divorce often has life-altering and substantial impacts for each person within the separated couple. Individuals experiencing divorce often work through a wide variety of feelings such as hurt,

anger, shame, guilt, loneliness, helplessness, depression, and anxiety (Carter & McGoldrick, 2005). The shift in post-divorce lifestyles varies widely and depends on the ability of the individual to thrive or falter monetarily, emotionally, spiritually, sexually, and within the context of their family if they have children. One of the least researched aspects of the pre- and post-divorce experience is the impact of divorce on sexuality. Stack and Gundlach (1992) referred to sex as the least studied part of the pre- and post-divorce process and stated that only one recent study, by Hunt (1974), studied the impacts of divorce on sexual frequency and number of sexual partners or encounters during and after separation. The research performed by Stack and Gundlach (1992) showed that divorced men were more likely to engage in sexual relationships than women, that younger divorcees were more likely to have new sexual partners than older ones, and that sex in general is more rare for those who have recently gone through divorce. Age and gender are thought to correlate with the sexual experiences of those who have divorced, while the linkages among religiosity, education, political liberty, and opportunity factor (for those without children) still needs to be researched further (Stack & Gundlach, 1992).

Another important issue for those who have experienced divorce is the decision about whether or not to enter into a new marriage or partnership. Furstenburg (1994) noted that individuals who experienced a divorce were hesitant to re-commit to a lengthy relationship and sometimes preferred to cohabit rather than remarry. The United States is seeing a rise in individuals choosing to live with their partners or choosing to stay single long into adulthood, which has impacted the statistics about marriage and divorce. Furthermore, the US Census Bureau's 2004 report noted a large increase in individuals choosing to live with their partners and remain unmarried rather than deciding to become legally married.

5. What impact does divorce have on the individual's family system?

The impact of divorce on the family system is one of the most researched aspects of the separation process. Many researchers have hypothesized that children of divorce tend to have trouble with social relationships, expect failure in their lives, have strong fear of change, fear betrayal, fear being alone, fear commitment and falling in love, have trouble with substance abuse, and are less likely to marry and have children when they are adults (Harvey & Fine, 2004; Wallerstein, Lewis, & Blakeslee, 2000). Poor emotional adjustment seen in children is thought to be linked to the amount of continued parental involvement, by the mother and father post-divorce, and the amount of emotional availability from the custodial parent during and after the divorce settlement (Harvey & Fine, 2004; Videon, 2002). Additionally, Videon (2002) noted that the gender of the children involved in the divorce played a role in which child was referred for counseling services (e.g., boys tended to act out aggressively and were given more immediate attention by parents).

Whitbeck, Simons, and Kao (1994) also studied the impact of divorce on children's sexuality. These researchers looked at the effects of the divorcee's dating on the sexual attitudes and beliefs of their adolescent children. The hypothesized increase in sexual activity at younger ages was supported by their research and was shown to be linked to the divorcee's number of dating partners, frequency of dating, and overt sexual permissiveness witnessed by the children. Sun (2001) presented data that shows how an adolescent's well-being is directly affected by divorce and that parents are often emotionally unavailable to their children long before the divorce actually takes place, which could lead to greater sexual permissiveness, higher depression and anxiety rates, and more behavioral issues seen in children. Further studies of adolescent's perception of marriage shows that teenagers are more likely to have premarital sex and prefer cohabitation over marriage due to their childhood experiences with divorce (Martin, Specter, Martin, & Martin, 2003). Ojanlatva, Helenius, Rautava, Ahvenainen, and Koskenvuo (2003) studied the correlation between children's attachments to their parents and the children's beliefs about the importance of sex, future satisfaction with sex, and the ability to talk about

sex with others. These researchers showed that the interruption that divorce can cause in parental attachment can directly affect children's sexual attitudes.

Many studies have shown that divorce impacts men, women, and children differently (Arendell, 1992; Harvey & Fine, 2004). Arendell (1992) found that men often felt disenfranchised post-divorce and saw themselves as having "no rights" to the children if their previous wife was awarded primary custody. Authors Hetherington and Kelly (2002) defined the "His and Hers Marriage and Divorce" model that explains the problems within the relationship, often related to income, violence, sex, infidelity, and communication, that ultimately led to the couple seeking divorce. Harvey and Fine (2004) also documented the phenomena of children feeling "fatherless" after their parents divorced and how children of divorce were affected in every aspect of their life while growing up. All of these findings lead to the conclusion that divorce affects every part of the family system, and these issues surrounding divorce leak into other facets of the family's life (i.e., in their friendships, dating experiences, sexual relationships, and work experiences).

6. What impact does divorce have on the individual's social functioning?

Hetherington and Kelly (2002) noted that social networks often drastically change post-divorce. The authors describe the struggle for each partner to keep previous friendships that involved both parts of the couple. Again noting the gender differences, Hetherington and Kelly (2002) discussed how men seek out friends with children to help with visitation while divorced women often stay home alone with their kids. Their discussion about post-divorce gender social issues also mentioned how men, more so than women, sought out sexual relationships with new women to regain some sense of intimacy.

Navigating the post-divorce dating scene has been a topic of particular interest recently. Magazines and mass media, such as *Ebony* and MSNBC, presented the question "What about sex with your ex?" Maxine Cohen, MFT, presented an article on her web blog that addressed that very question. Maxine writes about the very issue that many divorcees struggle with, sexual boundaries (Cohen, 2007). Due to the closeness of the previous relationship, the popular media has highlighted how divorced couples often "fall back into bed together" without thinking ahead about the impacts on their lives and the lives of their children. Ojanlatva, Helenius, Rautava, Ahvenainen, and Koskenvuo (2003) and Whitbeck, Simons, and Kao (1994) have already documented that sexual permissiveness and promiscuity modeled by parents was later demonstrated in their children's behaviors; therefore, it can be argued that post-divorce sexual relationships should be thought about carefully by each partner.

7. Are there any legal issues related to divorce?

There are a variety of legal concerns surrounding divorce. Couples going through the divorce process are often advised to seek legal counsel and professional therapy services. Due to the variety of legal issues a particular couple could face, all of the examples will not be listed here. See the resources section for websites that may be of help during the separation and divorce process.

8. What assessment strategies should a counselor use when working with a client facing divorce?

Professional counselors and therapists are beginning to use more and more clinical assessments to aid in the diagnosis of clients. The most common presenting issues for clients experiencing divorce are depression, anxiety, and/or grief (Arendell, 1992; Harvey & Fine, 2004; Stack & Gundlach, 1992). Clinicians can use a wide variety of assessments, such as the Beck's Depression or Anxiety Inventory and the Family Environment Scale, to determine how to best meet the needs of a client going through or finished with their divorce process. Due to the exhaustive list of assessments available to clinicians, all tests will not be listed here.

9. What are some effective counseling strategies for working with a client facing divorce?

There is no right or wrong way to work with a client experiencing divorce. Depending on the client's needs and the clinician's theoretical orientation, a variety of divorce models could be utilized

in counseling to help a client through the divorce process. For example, Hetherington and Kelly (2002) recorded one conceptual model for divorce that may normalize and validate a client's experience as they separate from their spouse. Their chapter about "Six Ways to Leave a Marriage: The Pathways Men and Women Take Out of Divorce" described six common groups divorcees fit into and how they adapt over time (the Enhancers, the Good Enoughs, the Seekers, the Libertines, the Competent Loners, the Defeated; Hetherington & Kelly, 2002).

10. What resources (e.g., books, Internet sites, and support groups) are available to help support individuals affected by divorce?

www.divorcelawfyi.com

www.divorcewizards.com

<http://www.familyresource.com/blog/category/parenting/divorce-and-separation/>

<http://www.selfgrowth.com/articles/Moore36.html>

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Chapter Six
Sexuality Counseling for Evangelical Christian Populations
By Jennifer Brigman

1. What is the definition of *Evangelical Christianity*?

The term 'evangelical', in a more literal but less generally used sense, refers to the basic belief system revolving around Jesus as being the Messiah, as described in the Bible, namely, the New Testament. Strictly speaking, 'evangelical' would be synonymous with 'Christian', or spreading the Gospel (Wikipedia.com). Evangelicalism emphasizes evangelism as well as a personal experience, commonly referred to being born again and/or having a personal relationship with Jesus Christ. Western culture has evolved the term 'evangelical' to more broadly refer to Protestantism, to contrast Roman Catholicism. (However, many "Catholics consider themselves "Evangelical" in the sense that they must spread the Gospel message in their daily lives, as well as to the world (Wikipedia.com).") John C. Green, director of the Ray C. Bliss Institute of Applied Politics at the University of Akron in Ohio, found in the 2004 American Religious Landscape Report (2004) that despite many variations, there are four core beliefs among Evangelical Christians:

- a. Biblical inerrancy
- b. Salvation comes only through faith in Jesus and not good works (in particular the belief in atonement for sins at the cross and the resurrection of Christ)
- c. Individuals (above an age of accountability) must personally trust in Jesus Christ for salvation.
- d. All Christians are commissioned to evangelize and may be publicly baptized as a symbolic confession of faith.

2. How widespread is Evangelical Christianity?

The 2004 survey of Religion and politics in the United States (American Landscape Report, 2004) suggests that evangelical Christians make up about 26.3% of the population. To put that in perspective, Catholics make up 22% and Mainline Protestants make up 16%. Similarly, in the 2007 Statistical Abstract of the United States, evangelical Christians are about 28.6% of the population, while 24.5% are Catholic and 13.9% are Mainline Protestant.

3. What is the typical developmental course of sexual issues for Evangelical Christians?

The developmental course of sexuality issues for Evangelical Christians is different for each person. Additionally, there is no pre-destined set of issues that any Christian must face simply because of their religious beliefs. However, there are more general issues related to sexuality that pertain to evangelical Christians that should be explored.

Some Christians, depending largely on denomination and/or family values, are taught that the sex act in and of itself is immoral and sinful unless it is performed within the bounds of marriage and is not an act of sheer lust. Some Christians would go as far as to say that placing God and sex in a similar context is blasphemous (Hybels, 1993). To these Christians, God is holy and sex is carnal. The two cannot mix. Therefore, they must be kept separate from one another in order not to blemish the holiness the Christian or the holiness of God himself.

The church, which has fueled many of the conflicts between God and sex, has struggled for centuries to bridge the gap between Godliness and carnality (Hybels, 1993). Augustine of Hippo, an early Christian theologian, proposed that intercourse was *the* vehicle for transmitting the original sin (that of Adam and Eve) throughout each generation, and therefore a promotion of evil. Likewise, Pope Gregory I stated that, "sexual pleasure can never be without sin" (Hybels, 1993).

To these historic figures, sexual pleasure was not only taboo, but forbidden altogether. Interestingly, throughout the third and tenth centuries, “the church forbade sex on Saturdays, Wednesdays, and Fridays, as well as during the forty day fast periods [before many major holidays]—all for religious reasons. When you add feast days and days of female impurity [the week during a female’s menstruation, in which sexual intercourse is forbidden in the Old Testament in Leviticus 15:19-30], one historian estimates that only forty-four days a year were left for marital sex” (Hybels, 1993).

Given, these beliefs were of the early church and are not necessarily held by evangelical Christians today, whose beliefs are derived from later theologians of the Protestant Reformation such as John Calvin and Martin Luther (Hybels, 1993). However, it is important to understand the developmental course of beliefs on sex within the church in order to better understand the current beliefs of all Christians and potential evangelical clients.

4. What impact do sexual issues have on Evangelical Christians?

Christians who struggle with sexual issues often feel like they are sinful, unsaved, or otherwise unredeemable (Hybels, 1993; LaHaye, 1976). This could lead to a variety of emotional and psychological problems such as anxiety and depression (LaHaye, 1978). People with these internal struggles may feel that they must be untrue to themselves in order to please God and may resort to any number of behaviors to mask their concerns (Hybels, 1991; LaHaye, 1978; Dallas, 1993). These can range from suicide attempts or reclusive tendencies to over-engaging in religious activities or rituals to counteract their sexual insecurities or sins (i.e., prayer, attending services, participating in various “good works,” etc.).

5. What impact does sexuality play in a Christian individual’s family system?

Like any other family that deals with sexual issues, Christian families’ reactions to sexual issues vary depending on the perceived severity of the concern (i.e. masturbation vs. adultery or abortion). Families can either be accepting of a family member with a sexual concern, “disown” a family member who does not adhere to the family’s accepted religious beliefs and practices, or fall somewhere in between those two extremes. Again, what is most important is to understand each client’s individual circumstance and provide counseling services that best support the needs of that client (and, in the case of family therapy, the family).

6. What impact do sexual issues have on a Christian’s social functioning?

In addition to the consequences listed above, a Christian client could possibly face negative repercussions from the church itself. For example, in some extreme cases where a church member has, for example, practiced adultery or homosexuality, he or she may be prohibited from attending church functions and may lose their membership status. However, social consequences of sexual sin within a church setting are dealt with individually and vary with each church.

7. Are there any legal issues related to sexuality and evangelical Christianity?

There are no known legal issues related to sexuality issues and Evangelical Christianity. However, there are many ethical and moral concerns that a counselor should be aware of. These revolve mainly around differences in beliefs between a client and counselor. (Some of these are discussed in more detail later in the chapter.) A counselor should always be sure to take additional steps to understand and empathize with an Evangelical Christian, as with a client from any religious background. If a counselor is unable to provide adequate and appropriate empathy or unwilling to take the extra steps necessary to understand the religious reasons behind a client’s beliefs, then referral will be most suitable.

8. What assessment strategies should a counselor use when working with a Christian who is facing sexual issues?

In order to ensure that Christian clients receive necessary assessment and counseling, counselors must be secure with their own religious and/or spiritual beliefs when working with these clients. Likewise, they must not be quick to take offense if a client's worldview directly contrasts with their own, or if a client attempts to convert the counselor to Christianity. While this can be difficult to endure, helping professionals must be aware that "evangelizing" (spreading the gospel) is a large part of Evangelical Christianity, so many Christians feel compelled to talk about and promote their beliefs freely. Take care not to spend a considerable amount of time defending your own beliefs in a situation like this. Conversely, be prepared to use the counseling sessions to re-direct clients to work on their own presenting sexual concerns. The informal assessment of discussing with clients their beliefs regarding sexual behaviors and experiences will be effective if there is ample rapport between the two parties.

Like all other mental health concerns, sexual issues in a specific population, such as Evangelical Christians, must be conceptualized within the context of the individual's social, cultural, and economic life. Do not make the mistake of assuming that the concerns of a specialized population must always be a consequence to the specific beliefs of that population.

9. What are some effective counseling strategies to use when working with Evangelical Christians who are facing issues related to sex?

It is important when working with Evangelical Christians to familiarize yourself with each client's individual beliefs regarding sex and sexuality. It is likely that they are different from your own beliefs in some way, whether you are a professing Christian or not. Be careful not to make the assumption that a Christian client is more or less sexuality conservative than you perceive, as acceptable sexual practices vary amongst denominations and between generations.

Using Biblical scriptures will be helpful for counselors to employ when working with evangelical Christians. However, choose these verses carefully, as some may negatively reiterate the very counseling issue that you are trying to solve. For example, 2 Corinthians 11:2 ("I promised you to one husband, to Christ, so that I might present you as a pure virgin to him", The Bible, NIV) would be a wonderful verse to illustrate the necessary, powerful, and expected sexual bond between a husband and wife (Hybels, 1993), but would be highly inappropriate for a client struggling with issues related to premarital sex, a second marriage, the loss of one's virginity, or rape.

Counselors should be aware that there are generally two very opposing viewpoints on sexual behavior according to Evangelical Christians: that of "the world" (or non-Christians) and that of Christians. These are fundamentally in opposition to one another and *cannot* be bridged (Hybels, 1993). Here are several areas of disagreement:

- The world does not recognize that there are absolute truths that apply to everyone. Christians believe that most moral decisions should be made only with consideration to God's absolute authority.
- The world is temporal, living in and for the moment. The Christian is eternally minded.
- The world is naturalistic, while a Christian's worldview is supernatural.
- The world is pragmatic (do what works for you) while Christians are idealistic (do what is right before God) (Hybels, 1993).

The goal is not to change these core values, but to make the client's sexual issues understandable and the goals obtainable within the context of these specific beliefs. Here are some issues where these two worldviews often clash, sometimes causing profound conflicts for Christians:

- Abortion
- Homosexuality
- Pre-marital sex and/or Lust
- Divorce
- Adultery and Forgiveness
- The use of birth control
- Infertility treatments, especially in vitro fertilization methods
- Spousal submission as referred to in Ephesians 5:22 (usually on the part of the woman)
- The “ungodliness” of masturbation

The main strategy *not* to employ would be to debate a client on his or her Christian beliefs. This is an undertaking that even the most seasoned Christian counselors would not want to attempt. Apart from their belief that all Biblical passages are objective and embody the revealed, unquestionable truth of God, most Christians will not get the best counseling service through a debate on theological doctrine. However, using various passages to counter a client’s beliefs or providing an additional, but well researched (not just the opinion of the counselor) point-of-view on a specific passage of scripture can ease tension, promote a more open conversation, and allow change. *Many sexual issues that arise in relation to Christianity are actually born out of ignorance of the true context and meaning of scripture* (Hybels, 1993).

10. What resources are available to help support evangelical Christians dealing with sexual issues?

Being familiar with and willing to use scriptural references will most likely be beneficial in not only building rapport with a Christian client, but will also provide validity and credibility to the counseling process more so than if a counselor were to use secular resources. Likewise, always be sure to review a Christian-based book or article before recommending it to a client, as many of these books use language that may further hinder your client’s progress.

Marital Intimacy. In the opinion of this writer, a well-written Christian-based book on the topic to marital sex and intimacy is *Tender Love: God’s Gift of Sexual Intimacy* by Bill Hybels (1993). This book is written for couples who are experiencing sexual issues that have their roots in distorted Biblical doctrine. The author of this book does an excellent job of opening-up a generally close-minded area of Christian discussion and belief.

Homosexuality. The Bible does not reference homosexuality in and of itself (sexual attraction to members of the same sex). However, it does give specific injunctions against homosexual acts (Dallas, 1991). A comprehensive book on this topic is *Desires in Conflict: Answering the Struggle for Sexual Identity* by Joe Dallas (1991). This book is written specifically to Christians who are or may be struggling with their homosexual orientation.

Adultery. Issues concerning adultery may center on forgiveness and whether it is required for the offending spouse, or whether or not God will forgive an offending spouse (LaHaye, 1978). Useful verses to allude to in cases such as these are Matthew 6:14-15; Ephesians 4:32; 1 John 1: 7, 9; John 8:11; and John 4: 1-42. In this and most other cases, there are helpful scriptural references to refer to that will be helpful to clients. Search for them in a Bible concordance, reference guide, on the internet, or get advice from a Christian minister or other church leader.

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Chapter Seven
Sexuality Counseling for Fetishism
By Amanda Gerson

1. What is the definition of BDSM?

BDSM is an acronym used to define a variety of sexual activities and behaviors that stands for Bondage/discipline, Dominance/submission, Sadism/masochism. Within the scope of BDSM lies sexual activities such as: power exchange in which one person dominates and the other submits, intense emotional or physical stimulation such as humiliation or pain, bondage, sensory deprivation, role-play, use of objects for sexual enhancement including leather and latex, and most other fetishistic activities such as foot worship and sexual play with urine (Nichols, 2006). These activities are typically referred to as “play” within the BDSM community.

It is also important to note the activities that are *not* included under the umbrella of BDSM. Rape, sexual assault, the inclusion of children, as well as any non-consensual activities are never accepted. Three cornerstones of the BDSM community are “Safe, Sane, and Consensual” (The TES Association, 2004). This means that each individual engaging in BDSM is fully informed with guidelines and boundaries set, fully able to consent to activities, and will avoid activities that could cause medical or emotional injury to self or others (Nichols, 2006).

In addition to being a private activity, many who engage in BDSM, have bound together to make up a larger community. The “Kink” community, as it is often referred as, is a loosely organized community made up of advocacy and support organizations, venues, activities, and events (Nichols 2006). There are over 500 BDSM groups in the United States that promote and sponsor over 250 weekend, as well as more informal, events that promote consensual BDSM behaviors (Wright, 2006). It is within this community that the guidelines of “Safe, Sane, and Consensual” were set up, and education is provided for those new to the community and those looking to expand their practices in a safe way. One example is The Eulenspiegel Society, which is the oldest and largest BDSM education and support organization in the United States, based out of New York City (The TES Association, 2004).

Throughout history, BDSM was (and still is) viewed in a variety of ways by different psychological, medical, and sociological disciplines (Cross & Matheson, 2008). Four prevailing views, outlined by Cross and Matheson (2008), include the medical/psychiatric model, the psychoanalytic model, the radical feminist model, and Baumeister’s model of sadomasochism. The medical/psychiatric field views sadomasochism as a mental illness and a sign of mental/emotional instability. The psychoanalytic field views sadomasochists as sexually guilty (for masochists) and/or having an overly id-driven personality (for sadists). The radical feminist perspective views sadomasochism as anti-feminist, misogynistic, and perpetuating power-driven, patriarchal violence against women. Finally, Baumeister asserts that sadomasochism is a search for power for the powerless (sadists) or an escape from power (masochists). In their study, however, Cross and Matheson (2008) found no support for any of these theories, since sadomasochists did not differ on any of these constructs from non-masochists, and were led to conclude that BDSM is more simply varied form of social and sexual expression and interaction.

2. How widespread is BDSM?

Due to the wide array of behaviors that comprise the BDSM spectrum, an exact statistic of the number of individuals who engage in BDSM is nearly impossible to find. According to Janus and Janus (1993; as cited in Kolmes, Stock, & Moser, 2006) up to 14% of Americans have engaged in some form of BDSM sexual behavior, which was defined inflicting, anticipating, or experiencing pain for sexual and/or psychological pleasure before or during sex. It is likely that the actual numbers are much higher if researchers were to include the full spectrum of BDSM behaviors and individuals who fantasize of engaging in BDSM behaviors but have not yet acted upon their fantasies.

2. What is the typical developmental course of BDSM?

The development of BDSM sexual fantasies can follow a similar developmental course with early sexual development, and many are aware of these fantasies from an early age (Nichols, 2006). However, for many reasons, the expression or self-acceptance of these fantasies is delayed due to self-suppression of behaviors and repression of the desires. For others, BDSM desires can develop later in life through sexual curiosity of sexually open-minded adults (Nichols, 2006). Social stigma, discrimination and a lack of understanding of BDSM in our society contribute to initial feelings of guilt and shame for individuals with BDSM fantasies and desires. Like homo- and bisexual individuals, BDSM-inclined individuals stay “in the closet” for years after realizing their desires, and many choose to hide their feelings, behaviors, and/or identities into their mid-thirties or later (Nichols, 2006). Once an individual does find self-acceptance of his or her sexual proclivities, individuals then can make a choice to involve themselves in the BDSM community or not, to what degree they wish to explore the BDSM spectrum, and how “out” they chose to be about their sexuality. For those who desire a heavy involvement in BDSM activities, many will “mentor” under an individual who is experienced in BDSM and/or take advantage of the educational and social opportunities for “newbies” in the BDSM community (Nichols, 2006).

3. What impact does BDSM have on the individual involved?

Much of the difficulty for an individual who engages in BDSM activities is a result of the misunderstanding and stigma held by our society and culture. For many, the long-held pathological view of sadomasochistic behaviors and lifestyle leads to internalized feelings of guilt, shame, repression, and self-hatred (Nichols, 2007). For the individual who is beginning to address these feelings, isolation and low-self esteem can result. This process of dealing with internalized BDSM-negativity mirrors much of the process dealt with by gay, lesbian, and bisexual individuals in the process of accepting their identities (Nichols, 2000). For many, the process of acceptance and self-love can take years, and a feeling of belonging only results once one has found the “stamp of approval” from the community and/or other pro-BDSM individuals, such as family, partners, or therapists (Nichols, 2006).

Even if an individual is comfortable and accepting of his or her involvement in BDSM, they must then deal with the process of deciding who and when to “come out” to regarding their sexuality. Most individuals remain at least partially “closeted,” whether in their families, jobs, or communities, but this level of secrecy and denial of self can be necessary to the individual’s survival due to the lack of legal protection provided in the areas of housing, employment, and child custody in most states (Nichols, 2006). Fear of discrimination and other repercussions is justified; in a study of over 1,000 BDSM-identified individuals, the National Coalition for Sexual Freedom (1998) found that 36% of respondents had experienced harassment or violence, and 30% experienced discrimination as a result of their sexual practices.

4. What impact does BDSM have on the individual’s family system?

Just as the individual engaging in BDSM must deal with the lack of understanding and stigma perpetuated by the psychiatric, psychological, sociological, and societal perceptions of BDSM, so must the family system of the individual. One common situation is “coming out” to a partner who does not know of the individual’s BDSM desires. Many who have repressed their desires into their adult lives have married and not disclosed their feelings to their partner. The initial reaction of the unsuspecting partner is most likely not positive (Nichols, 2006). Initial feelings of betrayal, shock, disgust, and confusion are common. After the initial shock, the partner must decide whether or not he or she wants to work with the individual to incorporate BDSM practices into their sex life, allow for BDSM outlets outside of the partnership, or leave the relationship entirely. The couple must then negotiate the inclusion (or exclusion) of BDSM practices into their relationship, and determine if both partners can live with this re-negotiation of their relationship, which can sometimes be a stressful process (Nichols 2006).

5. What impact does BDSM have on the individual's social functioning?

Depending on the level of personal acceptance with one's sexuality, the impact on social functioning can range from very little to highly distressing. As mentioned earlier, high levels of BDSM-negativity within the individual can lead to anxiety, depression, low self-esteem, isolation, and withdrawal, whereas high levels of BDSM-positivity can contribute to sexual and life satisfaction and a sense of belonging and community (Nichols, 2006). Because less than one-third of BDSM identified individuals are "out" to others about their sexuality (National Coalition for Sexual Freedom [NCSF], 1998), the majority of individuals choose to leave parallel lives in which some degree of secrecy is necessary.

6. Are there any legal issues related to BDSM? If so, what are they?

Although BDSM itself is not explicitly restricted by current laws and ordinances, law enforcement has sought to fit BDSM into existing sex laws when found to be appropriate, including zoning, public indecency, and under the broad idea of "consent" (Ridinger, 2006). Most legal concerns surrounding BDSM relate to the lack of protection against discrimination on the grounds of sexual behavior. There exists no protection in the realm of employment, housing, child custody, and discrimination for individuals who engage in BDSM (Nichols, 2006; Ridinger, 2006).

7. What assessment strategies should a counselor use when working with a client who identifies with BDSM?

Informal, but comprehensive assessment of the client's sexual behaviors, attitudes, and functioning should be completed with every individual, not only those who identify with BDSM. Counselors should gather information on the client's perceptions of his/her desires and behaviors, the impact (if any) on the client's everyday life, levels of support, and behaviors that are compulsive or legitimately dangerous (Nichols, 2006). Additionally, screening for other mental and sexual disorders, such as sexual addictions, depression, anxiety, etc. may be appropriate.

8. What are some effective counseling strategies to use when working with a client who identifies with BDSM?

Multicultural awareness is a primary concern when counseling a client who identifies with BDSM. As a counselor, you must explore your own beliefs and values associated with BDSM to be aware of any countertransference issues that may arise (Nichols, 2006). If you find that you are unable to resolve significant discomfort with discussing your client's sexual behaviors with them, and you have sought supervision on the topic, referral to a more appropriate counselor is necessary.

It is also important for the counselor to assess whether the client's BDSM involvement is related to their presenting concern. Although the discrimination faced by the individual has likely impacted them on some level throughout his or her life, do not assume that their sexuality is always related to their concern or important to their counseling experience at this time (Nichols, 2006).

Many clients may also present for counseling when they begin experiencing discomfort with recognizing their BDSM fantasies and desires. Although they may initially request that you "fix" them by helping them get rid of these fantasies, it is important to remember that they are likely speaking from a place of internalized prejudice and confusion at the intersection of personal desires with societal messages. An open and affirming attitude by the counselor may allow them to reach acceptance and comfort with their sexuality and lead to higher levels of satisfaction, because although they may be able to repress their desires and behaviors, their feelings will likely not just "disappear" (Nichols, 2006).

9. What resources are available to help support individuals who identify with BDSM?

Books:

Wiseman, J. (1998). *SM 101: A realistic introduction*. Emeryville, CA: Greenery Press.

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Internet sites:

- Kink Aware Professionals <http://www.bannon.com/kap/>
- The National Coalition for Sexual Freedom <http://www.ncsfreedom.org>
- Gay Male S/M Advocates <http://www.gmsma.org/>
- The Threshold Society <http://www.threshold.org>
- The Society of Janus <http://www.soj.org/main.html>
- Knot for Everyone <http://www.knot4every1.org/>
- Society for Human Sexuality <http://www.sexuality.org>
- Gloria Brame's Kinky Links <http://gloria-brame.com/kinkylinks/>

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