

GOOD SEX

Sexuality Counseling Guidebook: Volume VI

Key Issues for Counselors and Other Mental Health Professionals

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PROLOGUE

This is the sixth volume of the Sexuality Counseling Guidebook, and it was developed by students in the Fall 2011 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 focus of this volume of the Sexuality Counseling Guidebook is on *good sex*.

What is good sex?

Counselors and clients often focus on the problems and negative sides of sexuality; however, sexuality counseling is about more than symptom relief, which is why good sex is the focus of this guidebook. While what constitutes good sex varies greatly from person to person, there are some core factors without which good sex may be limited. Some of the variations in definitions may surround the areas of orgasms, levels of intimacy, expressions of self, communication, frequency, duration, foreplay, etc. Rather than providing a universal definition, we will focus on some essential factors which often play an important role in achieving good sex. These factors include mutual consent, a non-exploitative experience, and safety from emotional and physical harm. Additionally, good sex is pleasurable and fulfilling for those involved, meets emotional and physical needs, and allows for the expression of one's true self without judgment. Furthermore, good sex requires mutual respect and the freedom to pursue an optimal positive sexual experience.

What are common barriers to experiencing good sex?

Major barriers to experiencing good sex can stem from the messages we receive about sex and sexuality throughout our lives, even in early childhood. These verbal and nonverbal messages, such as "sex is a dirty thing" or "sex is only for the young and attractive" can come from many sources including parents, peers, media, teachers, and partners. We can integrate these messages into our understanding of what it means to be sexual and they can feed into unhealthy or unrealistic expectations around what sex "should" be. These messages can play out in difficulties in interpersonal relationships that can impede good sex.

Of course, there are physical difficulties that can affect one's sexual functioning, such as impotence, vaginismus, chronic pain or a heart condition. Physical limitations or difficulties can be purely physiological, but they also can be connected to psychological issues such as anxiety, a history of trauma, depression or stress.

Finally, it is important to recognize the impact that life circumstances and situations can have on one's good sex life. There are often factors that may be difficult for partners to control. Kids, business travel, job hours, scheduling differences, stress, pets, caretaking, and household chores can all make maintaining a good sex life more difficult.

How can sexuality counseling help clients achieve good sex?

While achieving "good sex" is optimal, it is not always easy. Sexuality counseling provides a safe space for partners to explore and define what "good sex" means for them and strategies to experience it. Sexuality counseling is different from traditional couple therapy, which often focuses on relational distress. In contrast, sexuality counseling can benefit couples, who are otherwise functioning well, to enhance their sexual development and intimate relationship.

Sexuality counseling can help couples build both verbal and nonverbal communication skills, increase intimacy, and promote intrapersonal and interpersonal

wellness. Additionally, partners can enhance sexual expression and explore sexual potential. Sexuality counseling helps partners learn to differentiate themselves within the relationship. With a higher level of differentiation, each partner can identify sexual styles, preferences, desires, and fantasies to enhance personal and sexual development.

For some couples, good sex is hindered by previous negative sexual experiences and/or trauma. Sexuality counseling offers such couples an opportunity to learn new and effective ways to heal together, be vulnerable together and build intimacy together.

Please see Dr. Christine Murray's faculty web-page to access previous volumes of the guidebook: <http://www.uncg.edu/ced/faculty/murray.html>.

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Table of Contents

Chapter 1	Sex and intimacy in couple relationships <i>Tom Peake</i>	Page 6
Chapter 2	Attraction: How partners connect <i>Bill Molen</i>	Page 9
Chapter 3	Positive sexual communication <i>Paulina Flasch</i>	Page 13
Chapter 4	Maintaining a positive sexual relationship in long-term relationships <i>Jenifer Aronson</i>	Page 17
Chapter 5	Sexual decision-making (i.e., related to sexual health) <i>Callie Gordon</i>	Page 21
Chapter 6	Connections between sexuality and spirituality <i>Elizabeth Doom</i>	Page 24
Chapter 7	Positive sexuality in the media: How this can help and hinder 'real life' couples <i>Susan Henkel</i>	Page 28
Chapter 8	Romance and sexuality <i>Kate Jessup</i>	Page 32
Chapter 9	Sex as an avenue for personal growth <i>Jenna McGown</i>	Page 37
Chapter 10	Orgasms: Having them, enjoying them <i>Adam Kim</i>	Page 40
Chapter 11	Sexual self-esteem <i>Lindy Snyder</i>	Page 43

Chapter 1: Sex and Intimacy in Couple Relationships **By Thomas R. Peake II**

Background

The desire for intimate connection to others is a fundamental part of the human experience and a primary motivation for human behavior (Prager & Roberts, 2004). It has been said that “intimate attachments to other human beings are the hub around which a person’s life revolves not only when he is an infant or a toddler or a school child but throughout his adolescence and his years of maturity as well, and on into old age” (Bowlby, 1980, p. 442). Therefore, the ability to develop and maintain intimate relationships is essential to a person’s well-being and optimal functioning (Prager & Roberts, 2004).

Although widely recognized as a basic human need, there is no universally accepted definition of “intimacy” in couple relationships. Definitions tend to emphasize concepts such as interdependence, satisfaction of needs, emotional attachment, as well as understanding and acceptance of the other’s true self (Greeff & Malherbe, 2001). Intimacy may refer to feelings of closeness, connectedness, and bonding that one experiences in loving relationships (Sternberg, 1986). Such feelings of intimacy may include a desire to promote the welfare of the other, experience of happiness with the other, high regard for the other, trust, mutual understanding, sharing of one’s self and one’s possessions with the other, receiving and giving emotional support, intimate communication, and valuing the other in one’s life (Id.).

Review of Relevant Research

The concept of intimacy is described quite variedly in the research literature depending on theoretical orientation (Laurenceau et al, 2004). For example, human development and behavioral science identifies certain characteristics of intimate relationships, including reciprocity, self-disclosure, responsiveness, and shared self-understanding (Reis et al, 2000). Eriksonian theorists view intimacy as the ability to commit to concrete affiliations and relationships - the central task of psychosocial development following identity formation in early adulthood (Fitch & Adams, 1983). In Bowenian theory, intimacy involves the ability to connect emotionally to others as a reflection of differentiation of the self (Nelson, 2003). Emotionally Focused Therapy and other attachment-based theories define intimacy in terms of attachment security and resulting patterns of attachment style (Brassard et al, 2007). Interpersonal process theorists describe intimacy as deriving from self-disclosure and responsiveness (Laurenceau et al, 2004).

Karen Prager and Linda Roberts have developed an integrated model of intimacy, derived from Carl Rogers and social-cognitive theory of the self, and it is particularly helpful for understanding sexual interaction in committed couple relationships (Prager & Roberts, 2004). This model is based on the premise that the ability to access one’s “true and authentic self” is a necessary condition for forming intimate relationships (Prager & Roberts, 2004, p. 44). Intimacy is comprised of both intimate interactions and intimate relationships. An intimate interaction with another person requires self-revealing behavior, positive involvement with the other, and shared understandings. Thus, an intimate encounter involves being vulnerable by disclosing a personal aspect of oneself, being accepted and affirmed by the other, and sharing some understanding of each other’s inner experience.

Intimate relationships are developed through the process of experiencing multiple intimate interactions with another. Partners in an intimate relationship acquire “mutual, accumulated, shared” knowledge of one another (Prager & Roberts, 2004, p. 46). Relational intimacy is based on the extensiveness of the intimate interactions and the congruence or accuracy of the partners’ shared understanding.

Applying Prager and Roberts’ model, sexual activity clearly provides couples with an opportunity to experience intimate interactions within the relationship. Sexual intimacy requires each

partner to be vulnerable to the other by disclosing a portion of the private self. Sexual behavior can involve verbal and nonverbal disclosure and often touches upon self-image, sexual preferences, and fantasies (Prager & Roberts, 2004). Positive involvement is also experienced through verbal and nonverbal responses including immediacy, physical touch, body orientation, eye contact, facial expression, and “sexual playfulness” (Id.). Through vulnerability and acceptance, the intimate sexual encounter may evoke a shared understanding of each partner’s “sexual self” including needs, desires, and preferences (Id.). This intimate knowing of each other helps shape and deepen the experience of future sexual encounters between the couple (Id.).

Possible Counseling Issues

Research suggests that there is a positive correlation between intimacy and relational satisfaction (Greeff & Malherbe, 2001). Counseling may focus on exploring each partner’s definition of intimacy and subjective experience of intimacy in the relationship. A particularly salient issue for counseling may be the discrepancy between the desired level of intimacy and the level actually experienced by each partner. Counseling could help the couple identify barriers that inhibit sexual desire and prevent greater intimacy.

Counseling for couples would typically include exploring cognitive, behavioral, emotional, and relationship factors that promote cohesion, cooperation and intimacy (Metz & McCarthy, 2007). Issues within the cognitive domain may involve attitudes toward sex and encouraging a developmental perspective of sexual growth (Id.). Emotional issues may address accepting and expressing feelings about sex and body image and differentiating feelings from behaviors (Id.). Behaviorally, couples may work on relaxation techniques and sensual interactions (Id.). Relational issues may focus on building empathy, promoting acceptance, and encouraging forgiveness (Id.).

Based on Prager and Roberts’ model, each partner’s concept of self will determine the level of intimacy that he or she will seek out or tolerate. (Prager & Roberts, 2004). Generally, a positive self-concept is more conducive to intimacy, while a negative self-concept is more discouraging to intimacy. An important counseling issue may be helping each partner balance the disparate, often conflicting, needs for autonomy and intimacy (Prager & Roberts, 2004). Another common issue in counseling is balancing the couple’s goal of openness and vulnerability with each partner’s need for self-protection (Id.).

Additional Guidelines for Counseling Practice

Couple counseling would be the primary treatment modality for issues of sex and intimacy, hypoactive sexual desire (HSD) or other sexual dysfunction in couple relationships. Family therapy may be appropriate for exploring and reframing cognitive and interpersonal schema regarding openness, self-disclosure, and attachment styles that impact relational intimacy (Prager & Roberts, 2004). Individual counseling issues important to sexual functioning may include exploring core attachment insecurities that undermine intimacy and negative body image or negative views of the client’s own sexuality.

Counselors working with issues of sex and intimacy in couple relationships should be mindful of applicable ethical standards. Counselors should be aware of their own values, attitudes, and beliefs regarding sex and sexuality in order to avoid imposing their views on the client (ACA Code of Ethics, A.4.b.). Counselors should practice only within the boundaries of their competence and should refer clients to physicians or other certified specialists if the client’s presenting sexual dysfunction is beyond their level of competence (ACA Code of Ethics, C.2.a.). Finally, counselors should develop competence in working on issues of sex and sexuality with diverse client populations (ACA Code of Ethics, C.2.a.). Specifically, counselors should recognize that culture affects clients’ understanding of sexuality and intimacy and also affects how sex and intimacy issues should be defined and addressed (ACA Code of Ethics, E.5.b.).

What resources (e.g., books, Internet sites, and journal articles) are available to help professionals learn more about this topic?

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Chapter 2: Attraction: How Partners Connect

By Bill Molen

Background and Introduction

In order to facilitate good sex, partners must first find each other and make a connection through the multifaceted and often arduous process known as attraction. Attraction is often an automatic and instinctual process rather than a deliberate one, although both men and women do intentionally exhibit some behaviors in an effort to appear more attractive. Attraction includes a physical component, as well as factors such as one's personality, perceived level of success, or perceived ability to successfully bear children. The concept of attraction is often studied in fields such as social psychology and evolutionary psychology. However, it is seldom mentioned in the counseling, counseling psychology, clinical psychology, or clinical social work literature. Thus, an exploration of the concept of attraction and specific behaviors associated with it as it relates to both individual and couple counseling needs is warranted. Most of the existing literature discusses the characteristics and processes associated with heterosexual attraction, and when the term is used in this chapter it will generally refer to attraction between a man and a woman. Additional or different traits, behaviors, and processes should be considered with respect to attraction among homosexual pairs as well as among diverse cultures.

Review of Relevant Research

Attraction can be thought of as two interrelated concepts. The first refers to attraction as an internal process in an individual that examines the various traits of a potential romantic partner (although attraction is a component in the formation of friendships as well) to arrive at a decision about whether the individual finds the potential partner to be attractive. The second is an external process where partners exhibit certain behaviors in order to facilitate an eventual sexual interaction. Whether an individual successfully "passes the test" and is considered attractive by a potential partner as well as exhibits the "attraction behaviors" effectively is often dependent on both partners' potential goal for the relationship; namely, are both potential partners looking for casual sex, or do they seek a longer-term and more emotionally fulfilling relationship? Finally, there are significant differences between men and women in terms of both the internal and external processes used to create attraction.

An individual trait that seems to be the most important factor in determining the level of attraction that exists is the perceived physical attractiveness of the potential partner. In a speed-dating experiment conducted by Luo and Zhang (2009) to determine the factors that most led to romantic attraction, the authors found that the strongest predictor by far of romantic attraction was the physical attractiveness of the partner. Luo and Zhang's results indicated that both men and women put an almost equal value on physical attractiveness in selecting a partner. The authors explain this by examining the difference between the concepts of mate selection (a conscious, cognitive, and rational process) and attraction (more about spontaneous feelings). While women might consciously indicate that they value certain characteristics such as loyalty or financial success in a partner, for example, their spontaneous feelings lead to a greater emphasis on physical attractiveness. It is also important to note that Luo and Zhang studied a speed-dating scenario where the participants were traditional age undergraduates. As such, the participants were more likely thinking about finding a short-term partner rather than a long-term mate, and physical attractiveness seems to be a more important trait when the goal is casual sex or a short-term relationship.

Stretch and Figley (1980) also found physical attractiveness to be the most important characteristic for attraction in both men and women in a dating experiment with undergraduates almost 20 years prior to Luo and Zhang, indicating that the importance of physical attractiveness has not changed over time. However, Stretch and Figley did find that males were slightly more affected by physical attractiveness than females. This is consistent with the findings of Pines (2001), who in a

study deliberately looking at gender difference in attraction found that although physical attractiveness was important to both men and women, men do value it more.

Swami and Furnham (2008), Riggio et al. (1991), and Curran (1973) point out that measuring one's assessment of the physical attractiveness of a partner may be difficult due to other variables. They suggest that one's evaluation of physical attractiveness may be swayed by other characteristics, such as one's personality, and that a multifaceted definition of physical attractiveness should be used. Additionally, Curran discusses a sort of halo effect where individuals (and especially men) often overestimate their potential partner or partner's more objective physical attractiveness when they have high regard for other characteristics, such as personality or a good family background.

Reciprocity is another important factor in developing attraction. According to Swami and Furnham (2008), individuals become more attracted to a potential partner when they learn that the potential partner is interested in them and pays attention to them. Luo and Zhang (2009)'s speed-dating experiment also indicated reciprocity as a predictor of attraction, but stress that reciprocity must be conscious – that is, “people need to be aware of others' feelings toward them for strong reciprocal liking to occur” (p. 957).

The importance of similarity between partners in terms of factors such as attitudes, beliefs, and interests differs greatly based on whether the potential partners seek casual sex or a short-term relationship as opposed to a long-term relationship. Luo and Zhang (2009) found almost no evidence for similarity being important in their speed-dating experiment. Swami and Furnham (2008) explain that as relationships become more serious, similarity becomes significantly more important.

The personality traits of a potential partner are an important force in the internal attraction process. Pines (2001) found personality traits to be the most important factor in determining attraction level. However, it should be noted that Pines studied partners already in relationships, so it is possible that these individuals may have valued physical attractiveness more before entering the relationship. In terms of specific personality characteristics men and women want, Luo and Zhang (2009) determined that men want women who are extroverted, agreeable, and conscientious. However, they were unable to determine what women want in terms of personality characteristics in a man. Overall, the authors determined that men want women who are attractive, lighter (in weight), athletic, and have high self-esteem. The only consistent attributes that women seem to want in a man are physical attractiveness and athleticism.

One often-overlooked component of attraction, especially when discussed in the social sciences, is the impact of pheromones. Grammer (2005) states that humans' sense of smell has historically been underestimated, and consequently, we have underestimated the large role pheromones play in attraction and in our relationships. According to Grammer, pheromones seem to have four basic functions: as opposite sex attractants, same-sex repellants, in mother-infant bonding, and in the regulation of the menstrual cycle. Thorne et al. (2002) exposed women to pictures of men and asked the women to rate the attractiveness of each man. The women were found to rate the men as more attractive when they were exposed to pheromones. Grammer questions the impact that modern society's increased standards for personal hygiene has on attracting potential partners, given that higher levels of hygiene may disrupt the natural release of pheromones.

In *The Evolution of Desire*, Buss (1994) discusses the second definition of attraction: that is, an external process of behaviors exhibited in order to attract a sexual partner. Men and women often exhibit different attraction-seeking behaviors, and whether casual sex or a long-term relationship is desired often determines which behavior is exhibited and the effectiveness of that behavior. Men will frequently display their resources to attract a woman, including bragging about their accomplishments, discussing their importance at work, displaying tangible resources (such as an expensive watch or car), or wearing expensive clothing. While an immediate display of wealth is more likely to attract a casual sex partner, wearing expensive clothing is an indicator of attraction for both women seeking casual sex

and women who desire a long-term, committed relationship. Men also display to women that they are committed, including persistence, displays of kindness, and demonstrating loyalty and fidelity. Often, men will attempt to demonstrate their physical or athletic ability, which is more effective in attracting a casual sex partner than a long-term mate. Women occasionally demonstrate this behavior as well, although it is 50% less effective for them. Conveying self-confidence occurs in both men and women and is effective for both. Several behaviors that are more common in women are the enhancement of appearance through makeup, cosmetic surgery, and dieting. Additionally, “playing hard to get” is a tactic most used by women. The demonstration of fidelity differs greatly based on whether a casual sex partner or a long-term mate is sought. Men who desire a casual sex partner will be more attracted to women who display low fidelity, while high fidelity will be sought in a long-term mate. Both men and women will denigrate their perceived rivals during the attraction process, but about different characteristics. While men will try to point out their competition’s lack of resources, women will discuss other women’s physical flaws.

Overall, out of 130 ways for men to attract a woman, the most effective according to Buss (1994) is displaying an understanding of women’s problems, followed by fidelity, openness, and honesty. Buss states that women seem to have higher standards for becoming attracted to a potential partner than men, which reduces the availability of men that make the first “cut”. Consequently, women will fight over this reduced supply of eligible men rather than lower standards and consider additional potential partners.

Possible Counseling Issues

The concept of attraction between potential sexual partners does not initially seem to present any potential counseling issues. However, there is a definite link between attraction and self-esteem. If an individual is not physically attractive or does not possess desired personality characteristics, he or she will not be able to attract a partner as easily according to the literature. This could lead to a lowered self-esteem. Since the literature indicates that self-esteem also is important in attracting a partner, this could hurt the individual even further. Working with such an individual in counseling to raise their self-esteem as well as setting realistic goals for things they can do to have a better chance of attracting a partner would be immensely helpful.

Men and women also hurt each other through their separate attraction strategies. Men deceive women by acting more committed than they really are or claiming that they have more resources than they do, while women hold out sexually or play hard to get (Buss, 1994). This is hurtful to the partner when they discover the deception, but also to the individual. Men must hide their emotions or be uncommunicative, while women can be left feeling conflicted between the image they believe they must present and their sexual needs (Buss, 1994). This leaves both men and women with strong emotions that they are hesitant to share with their partner.

Finally, it is important not to ignore attraction once a couple has established a long-term partnership. In order for a marriage to remain successful, each partner must remain attracted to the other. This can become increasingly difficult as individuals change over time and may become less physically attractive, for example. Effective couples’ counseling will address attraction as a component to a successful relationship.

Additional Guidelines for Counseling Practice

- Help clients to understand what they can and cannot control with respect to attracting a partner or potential partner. For example, a man cannot become taller. However, he can work to develop a more accurate understanding of a woman’s problems.
- Encourage both men and women to be open and honest with each other about their intent, emotions, and needs.

- Discuss a couple's level of attraction toward each other in couples counseling. If one partner is more attracted than the other, find out why. What were some of the reasons for attraction when the couple first started dating? Help the couple find ways to build back attraction.

What resources (e.g., books, Internet sites, and journal articles) are available to help professionals learn more about this topic?

- David Buss' *The Evolution of Desire* provides a fascinating account of strategies people use in mating, including a chapter on staying together once attraction occurs. The book includes a chapter entitled "What Women Want", which should be enough to convince most men to flip through it.
- David Schnarch's *Passionate Marriage* is a good resource for a couple that is already together but lacking the level of attraction that they may have had in the past.
- T.W. Roberts discusses sexual attraction and romantic love as an intertwined concept, and believes it is often forgotten about in couples' therapy. He discusses the benefits of using Emotionally Focused Therapy (EFT) with couples as an effective way to deal with this issue.

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Chapter 3: Positive Sexual Communication

By Paulina Flasch

Background and Introduction

Talking about sex is often considered a “taboo” topic avoided at all costs. Parents dread *the* sex talk with their children, uncomfortably stumbling around about the birds and the bees—children are often no less mortified; couples dance around conversations of sexual desires and past sexual histories; and society seems to consistently reinforce these values. So what about sexual communication makes us so uncomfortable, and does talking about it actually make a difference? Research has shown that increased general communication between couples is positively correlated to relationship satisfaction. Likewise, lack of efficient communication between couples correlates with decreased relationship satisfaction. These couples are more likely to experience anger, partner rejection, avoidance-behaviors, and low-self-acceptance (Montesi, et. al, 2010). When it comes to sexual communication, research seems to suggest a similar pattern of satisfaction and also reflects a couple’s overall relationship satisfaction (Timm & Keiley, 2011). In other words, sexual satisfaction and relationship satisfaction seem inextricably linked, and, among other factors, effective communication seems to be a common denominator. However, communicating about sex does not come without risks. If it did, it probably would not be so difficult. Some risks identified by Anderson et. al. (2010) and Schnarch (1997) include the fear of appearing less desirable to one’s partner as a result of truly putting oneself out there and being vulnerable. Consequently, risks involve the fear of humiliation, embarrassment, and partner rejection for whom one really is. On the other hand, if couples can find ways to take this risk, research shows that the benefits are extremely rewarding and can help couples have more meaningful and honest relationships with higher levels of sexual satisfaction (Montesi, et. al, 2010).

Review of Relevant Research

Based on the Bowenian idea of differentiation, Schnarch (1997) introduces the idea of self-validated rather than other-validated intimacy and claims that in order for couples to have satisfying relationships (sexually and relationally), each partner has to strive toward self-validated intimacy and increased differentiation. In other words, each partner has to be able to establish boundaries to maintain a balance of connectedness and separateness from one’s partner. Each partner also needs to work towards the ability of validating themselves, rather than depend solely on their partner for validation. With low levels of differentiation and self-validated intimacy, the connectedness between partners results in an enmeshed, or fused, state where each partner is dependent on and reactive to each other. The risks of self-disclosure then become too high, since one’s worth is dependent on one’s partner’s validation and acceptance. Thus, we are more likely to behave in ways that are “favorable” to our partner, rather than in ways that are true to whom we are, which ultimately restricts our true satisfaction, sexually and otherwise. According to Schnarch (1997), low levels of differentiation hinder the process of self-disclosing and communicating our true desires and needs to our partner. If we cannot validate ourselves, we need our partner’s acceptance and validation, which is not guaranteed through self-disclosure. In fact, we fear the risk of losing our partner if we show them who we really are. Likewise, higher levels of differentiation and self-validation allow couples to communicate about difficult issues, such as sexuality, without being overcome by anxieties or fears of rejection, which results in more fulfilling sexual experiences (Schnarch, 1997; Timm & Keiley, 2011). Schnarch (1997) helps shine light on the complexities that surround self-disclosure and sexual communication.

Understanding more about the difficulty of sexual communication may provoke both hope and anxiety, but research suggests that increasing sexual communication has overwhelming benefits. Montesi et. al. (2010) found that sexual communication helped not only increase sexual satisfaction but also overall relationship satisfaction. However, general non-sexual communication—while increasing relationship satisfaction—did not increase sexual satisfaction. Thus, sexual communication may be

seen as both closely related and separate to overall relationship and sexual satisfaction. In a study, Theiss (2011) found that more “risky” sexual disclosures, such as fantasies and desires, were just as important as disclosures regarding sexual acts one finds undesirable. These disclosures, however, were sometimes seen as more taboo or difficult to disclose, especially for women. In her study of 104 mixed-sex long-term Canadian couples (M=14 years together), Byers’ (2011) research supported Theiss’s, indicating that 62% believed to know what their partner found desirable, but only 26% believed to know what their partner found undesirable. Furthermore, Theiss (2011) found that traditional “gender sexual scripts” (women are supposed to be more sexually naïve and men more sexually assertive) added an element of complication: mixed messages are sent to women about sexual disclosure. On one hand, sexual communication enhances sexual satisfaction, and on the other, traditional scripts discourage sexual directness in women.

Building on Schnarch’s focus on differentiation and what they call “secure attachment,” Timm and Keiley (2011) emphasize the importance of being able to hold on to oneself in anxiety-provoking situations, while still being engaged with one’s partner. Based on their research, they concluded that couples will only learn effective communication in intense situations, rather than through mastering skills and techniques. Thus, communication skills will only develop through tackling uncomfortable topics, such as sexuality. However, in emotionally insecure couples (low-differentiated partners), the fear of losing one’s partner may be too great to begin the communication process. A focus of counseling with such couples may include work around insecure attachment issues. In her study, Theiss (2011) found similar results; mainly that relational uncertainty was negatively correlated with open sexual communication. In other words, partners who were uncertain about the investment of their partner in the relationship, uncertain about their own investment in the relationship, or uncertain about the status of the relationship were less likely to engage in sexual communication and were consequently less likely to experience sexual satisfaction.

In her study, Byers (2011) found that even though 62% of couples rated themselves as knowing what their partner found desirable, many of these assumptions were found to be incorrect when compared to the actual responses by their partners, pointing to a clear lack of communication. Assumptions were often based on stereotypical ideas of a particular gender or based on their own preference and showed a clear discrepancy to reality. Byers’ research reminds us of the essential importance of communicating, rather than assuming, sexually desirable and undesirable behaviors, which will eventually lead us to experience more satisfaction in our relationships and in our bedrooms.

Possible Counseling Issues (e.g., Individual, Family, and/or Couple)

As identified by extensive research, sexual communication plays an important role in both sexual and relationship satisfaction. Thus, practitioners working with couples will undoubtedly face this topic. Supported by research, Schnarch (1997) claims that sexual communication is essential to the wellbeing of partners in an intimate relationship. However, sexual disclosure carries many risks and can be an uncomfortable topic for both clients and practitioners (Timm & Keiley, 2011). Thus, it is essential for counselors to be prepared for these conversations and model healthy communication, rather than shy away from such topics. Anderson et al. (2010) examined the reasons why couples shy away from sexual communication, and what topics specifically they try to avoid. She found that the most avoided, or taboo, topic was past sexual relationships and experiences. Furthermore, the most common reason for not disclosing this information included “relational threat.” Other related reasons included embarrassment, becoming emotionally upset and reliving the past, individual vulnerability, fear of not measuring up, and a belief that the past should be kept in the past (Anderson et. al., 2010). Anderson’s et. al. (2010) research highlights not only some of the sensitive issues that may come up in couple’s counseling, but also reminds us that sexual communication with one’s partner may bring forth a number of individual issues and discomforts that counselors may encounter in individual therapy. Anderson’s et. al. (2010) research also emphasized the importance in disclosing past sexual

experiences with one's partner, particularly in regards to sexually transmitted diseases and risky sexual behaviors. Apart from the preventative health benefits of such disclosures, Anderson et. al. (2010) also found that such sexual disclosures between couples have both relational and sexual benefits as well.

In addition to the topic of sexual communication between partners, it is also important to consider sexual communication in terms of parent-child communication. At some point, parents become reminded of their child's sexuality, whether exhibited through sexual play, masturbation, asking questions, etc. What once used to be known as "*the*" sex talk is now taking on a different meaning. Despite many parents' fear that sexual knowledge will *cause* their children to *become* sexually curious or active, research consistently shows that developmentally-appropriate sexual communication with children significantly reduces sexual risks, arms them with knowledge, and helps them develop healthy and positive sexual attitudes (Byers, 2011). When clients become more comfortable communicating about their own sexuality, they may find it is easier to keep an open dialogue going with their children. While many parents find that vague sexual communication in general terms with their children is less uncomfortable and intrusive, research shows that it is important that these age-appropriate conversations contain specific information that is actually helpful and educational and promotes a healthy sexual identity. Byers (2011) found that one main reason why parents avoid detailed conversations with their children include their own lack of knowledge about sexual topics. Furthermore, reasons cited included discomfort with the topic and a fear that knowledge would cause their children to become sexually active. Sexual communication with children may arise as an issue in individual, couple, and family counseling settings, and it is important that counselors consider the complexity of such an issue and how it relates to parents' own sexual identity and communication (or lack thereof).

Additional Guidelines for Counseling Practice

Since the topic of sexuality is complex and sensitive in nature, counselors need to validate and keep in mind the risks clients are taking by sharing this private part of themselves. Furthermore, counselors should not only mention the relational and sexual benefits of positive sexual communication, but should also make clients aware of possible unfavorable consequences, such as judgment by their partner or reliving painful experiences from their past, especially if these are some of the client's fears. Exploring these fears prior to disclosure may prove particularly beneficial. Working with couples as they tackle these issues requires patience, unconditional positive regard, and a great deal of support and encouragement. Being open, warm, and confident in the topic of sexuality may help clients feel more at ease.

When working with couples who are struggling in their relationship, it is also important to explore the sexual repercussion or antecedents, especially given the interchangeable link between sexuality and relationship satisfaction. Timm and Keiley (2011) studied the importance of sexual communication and found that rather than teaching couples the skills and techniques of effective communication, counselors can help facilitate more positive growth by allowing couples to engage in these sensitive and intense conversations as a part of counseling. Teaching clients skills and techniques did not seem to make a difference in their sexual communication styles, nor did it positively affect their sexual and overall relationships (Timm & Keiley, 2011). This may be an important factor to consider when structuring counseling sessions and planning interventions. When it comes to parent-child sexual communication, something to consider when explaining the benefits of such is that parents may not have adequate knowledge themselves to help educate their child. Bringing this up and providing resources may help normalize this reality for clients and make them more receptive.

What resources (e.g., books, Internet sites, and journal articles) are available to help professionals learn more about this topic?

Websites:

- American Association of Sex Educators, Counselors, and Therapists:

- www.aasect.org
- The Society for the Scientific Study of Sexuality:
<http://www.sexscience.org>
- American Association for Marriage and Family Therapy
<http://www.aamft.org>
- How to communicate with youth about sex:
<http://www.advocatesforyouth.org>

Journal Articles and Books:

- Parent-Child and Couple Sexual Communication:
Byers, S.E. (2011). Beyond the birds and the bees, was it good for you: Thirty years of research on sexual communication. *Canadian Psychology*, 52, 20-28.
- Sexual Communication in Relationships:
Montesi, J.L., Fauber, R.L., Gordon, E.A., & Heimberg, R.G. (2010). The specific importance of communicating about sex to couples' sexual and overall relationship satisfaction. *Journal of Social and Personal Relationships*, 28, 591-609.
- Passionate Marriage Book:
Schnarch, D. (1997). *Passionate marriage: Keeping love and intimacy alive in committed relationships*. New York: Henry Holt and Company.

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- Byers, S.E. (2011). Beyond the birds and the bees, was it good for you: Thirty years of research on sexual communication. *Canadian Psychology*, 52, 20-28.
- Montesi, J.L., Fauber, R.L., Gordon, E.A., & Heimberg, R.G. (2010). The specific importance of communicating about sex to couples' sexual and overall relationship satisfaction. *Journal of Social and Personal Relationships*, 28, 591-609.
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- Timm, T.M. & Keiley, M.K. (2011). The effects of differentiation of self, adult attachment, and sexual communication on sexual and marital satisfaction: A path analysis. *Journal of Sex & Marital Therapy*, 37, 206-223.
- Schnarch, D. (1997). *Passionate marriage: Keeping love and intimacy alive in committed relationships*. New York: Henry Holt and Company.
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Chapter 4: Maintaining a Positive Sexual Relationship in Lon-Term Relationships

By Jenifer Aronson

Background and Introduction

Each stage of life brings new challenges whether they are brought on by age, culture, family life cycle, gender role or work roles. It has long been known that there is a positive correlation between marital satisfaction and sexual satisfaction (Byers, 2005), but it has been difficult to tell whether it has been causal and in what direction. Our ways of sexual expression may change over time but not our desire for love, intimacy and companionship (Henry & McNab, 2003). Aging couples do not become less sexual beings as culture sometimes assumes (Bauer, 2007), but rather need to grow and be creative in order to keep this area of their lives satisfying. More than half of Americans through the age of 75 are sexually active, regardless of their health (Lindau, 2007). This chapter will review relevant research in the field, possible counseling issues for couples and guidelines for counselors in practice, as well as point you towards additional resources.

Review of Relevant Research

It has been said time and time again that the three most common marital problems are finances, sex and parenting styles (Henry & Miller 2004). In longer term relationships, these problems are more likely to come into play and complicate the sexual relationship as well. Therefore maintaining a positive sexual relationship must not be an easy task, especially over a long period of time. Add work, caring for children and possibly aging parents and perhaps a mid-life crisis into the mix and you have a recipe for real stress on a relational bond. What are the factors that contribute to stronger marital bonds when other couples fail to thrive? Some of the key marital factors that research points to are a sense of commitment, trust, religious faith, similarities, communication skills, spending time together in shared activities, feeling understood, respect, being able to forgive and be forgiven, common goals and values, similar parenting styles, and sexual activity (Fennel, 1993). While love usually makes the list, it is not often considered a “key” as it changes in its type, meaning, feeling and development (Estrada, 2010). Romantic love (without obsession) is associated with marital satisfaction, wellbeing and high self-esteem (Acevedo, 2009). But how do couples best keep it alive?

Several theorists and clinicians believe the best way is to mature and grow as an individual, differentiating with the desire for intimacy. Rather than seeking comfort, which obstructs eroticism and sexual passion, you learn to manage your anxiety in order to improve yourself in relationship. By managing anxiety you deepen your relationship as you stay intentionally connected to your partner. For example, you learn to affirm and sustain yourself; you become self-validating without pushing your partner to be different even when you dislike him/her. You compromise neither yourself, your partner, nor your self-respect, and you promise yourself to do all this in relationship. Managing anxiety means you can tolerate intimacy (Shaw, 1998). This leads to the possibility for new skills to be developed and new experiences because of an openness, understanding and appreciation for differences (Davis, 2007). Another theory is the triangular theory of love which purports that the three components of intimacy, passion and commitment are necessary in romantic relationships. One study showed that passion declined over time only for females while intimacy levels remained steady for longer relationships, but commitment was the most powerful and consistent predictor of relationship satisfaction for long-term relationships (Acker, 1992). A rise in intimacy can lead to a rise in passion which in turn leads to more frequent sexual encounters (Baumeister & Bratslavsky, 1999). And a third theorist is Harville Hendrix and his Imago Relationship Therapy who believes that we learn how to heal our childhood wounds through our relationships by developing real moments of connection through dialogue in which we mirror, validate and express empathy to one another through a variety of techniques. The focus is on communication, common goals and making the relationship work by creating safety in order for change to happen (Hendrix, 1998). Men and women believe that

sex is integral to a good marriage even though conflict around sex is common and it is up to them to decide whether the emotional work involved is worth it or not (Elliott, 2008).

There are practical tips that can be helpful to couples to aid in their sexual relationship over time. Communication about what you like and want is important, and expressing gratitude to your partner can be beneficial. Taking more time for foreplay to reach your sexual peak, and more direct genital stimulation may be necessary. Having sex at earlier hours in the day and before having a heavy meal can also avoid fatigue (Davis, 2007). Trying new sexual techniques and alternative positions can spice up your sex life. And maintaining your health with regular physical exercise and a healthy diet can increase your potential for sexual health as well. Asking your doctor about medical or medicine concerns and seek counseling for sexual dysfunction and for unhealthy sexual beliefs is a good idea when you can't find the answers yourself.

While sexual satisfaction can be affected by physical and psychosocial health, the reverse is also true. Sexual activity can be therapeutic, lead to greater self worth, and help prevent depression (Watters & Boyd, 2009). It helps individuals express affection and appreciation for one another and can produce a cycle of gratitude->relationship maintenance->gratitude (Kubacka, 2011).

Possible Counseling Issues (e.g., Individual, Family, and/or Couple)

The role that sexual dysfunctions play in a long-term relationship can be very destructive on sexual satisfaction if not dealt with in a timely manner. Erectile dysfunction, painful intercourse, and low sexual desire, among others, are all good reasons for a couple to seek outside assistance from a physician or sex therapist. Likewise, health-related problems and various medications can affect sexual health and cause sexual side effects. Diabetes and alcoholism can cause erectile dysfunction. Medications prescribed for high blood pressure and some anti-depressants (SSRIs) can tamper with libido or sexual interest. Heart disease, cancer and other medical conditions can make having the stamina possible for rigorous sexual activity difficult (Henry & McNab, 2003). The normal aging process of menopause for women causes the thinning of vaginal tissues and less lubrication production which could make intercourse more painful without proper arousal or added commercial lubricants. Almost all couples could benefit from new or continuing education on a subject shrouded in much mystery and misinformation and little quality instruction for most at a younger age. A physician's approach and demeanor for longer-term couples is important in how comfortable individuals feel in asking important questions or concerns and should be a part of regular check-ups over time (Watters & Boyd, 2009).

Counselors need to consider the physical effects of aging—shifts and gains in weight, changes in skin elasticity, hair loss and graying, etc—on individual's overall body image and comfort with their appearance in a society that stresses fitness and youthful beauty as highly desirable. The availability of medications for erectile dysfunction, as well as other techniques such as hormone treatments, vacuum constriction devices and surgical penile implants, can afford older couples a more active sex life into decades they once thought not possible, but shame in seeking treatment hinders many from getting help (Davis, 2007). In general, however, most couples find ways to creatively continue to express their sexuality even if penetrative sex becomes impossible.

Counselors also need to be able to address relationship stressors, and developmental changes with their clients in midlife and beyond that may impinge upon their sexual relationship. Changes in work and career, a newly "empty nest" and change in traditional sex roles, and a midlife crisis of "what direction am I headed in and what matters most to me?" can all impact a couple's satisfaction with one another and how they relate in the bedroom. Teaching communication skills and conflict resolution is more important than ever as couples may reach points of impasse and two-choice dilemmas (what we want to avoid, or to face the consequence of our avoidance) more frequently during these years where they simply don't like either alternative before them and need encouragement to engage in the maturing process that long-term relationships alone can provide. Play therapy (assignments for them

to spend time having fun together) for couples may be an option, since it nurtures positive emotions and has shown significant rewards which increases the likelihood of compliance with the treatment (Schwarz, 2012).

Additional Guidelines for Counseling Practice

It is important for counselors to have knowledge of older populations and their issues as well as be aware of common myths in order to reframe them in new ways. They need to be open and non-judgmental to listening to these couples in relationship as they try to convey the unique difficulties of keeping love alive in a long-term relationship (Henry & McNab, 2003). It is also important that they have the skills to collaborate with doctors and other institutions which they may need to refer these clients to for additional services since outside intervention may be necessary. Knowledge of appropriate physicians and sex therapists for more entrenched problems is always good for clients. Despite a large shift in the age of the population, the public, physicians, policymakers, and social service providers still lack accurate and current information on sexual behavior in older adults. They fall prey to the same ageist stereotypes that are prevalent in the general society. In addition, many care providers are unable and/or unwilling to acknowledge the importance of sexual intimacy in their patients'/clients' lives and, as a result, often fail to address patients' sexual concerns or ask about their sexual history (Langer, 2009). "In addition, bouts of depression, anxiety, grief, disappointment, or shame may compromise the older person's self-perception and sense of sexuality. In order to provide quality health care, providers need to be more frank about raising sexual issues with their older patients" (Lindau, 2007). They also need to be able to empower their clients to be able to speak on their own behalf when interacting with their own physicians in getting their questions answered and needs met.

What resources (e.g., books, Internet sites, and journal articles) are available to help professionals learn more about this topic?

Various resources can help counselors build greater knowledge to work more effectively with older couples such as the following.

Article: Sharpe, T.H. (2003). Adult Sexuality. *Family Journal*, 11(4), 420-426.

Book: Hendrix, H. (2008). *Getting the love you want: A guide for couples*. New York, NY: Henry Holt & Co.

Schnarch, D. (2009). *Passionate Marriage: Keeping love and intimacy alive in committed relationships*. New York, NY: W.W. Norton & Company, Inc.

Internet: Aging and Human Sexuality Resource Guide:

<http://www.apa.org/pi/aging/resources/guides/sexuality.aspx>

Age Page: Sexuality in Later Life:

<http://www.nia.nih.gov/HealthInformation/Publications/sexuality.htm>

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Acker, M., & Davis, M.H. (1992). Intimacy, passion and commitment in adult romantic relationships: A test of the triangular theory of love. *Journal of Social and Personal Relationships*, Vol 9(1), 21-50.

Bauer, M., McAuliffe, L., & Nay, R. (2007). Sexuality, health care and the older person: An overview of the literature. *International Journal of Older People Nursing*, 2, 63-68.

Baumeister, R.F., & Bratslavsky, E. (1999). Passion, intimacy, and time: Passionate love as a function of change in intimacy. *Personality and Social Psychology Review*, Vol 3(1), 49-67.

Byers, E. S. (2005). Relationship satisfaction and sexual satisfaction: a longitudinal study of individuals in long-term relationships. *Journal of Sex Research*,

Davis, L. (2007). Golden sexuality: Sex therapy for seniors. In VandeCreek, L., Peterson, F. L., & Bley, J. W. (Eds.), *Innovations in clinical practice: Focus on sexual health*. Sarasota, FL: Professional Resource Press.

Elliott, S. (2008). The performance of desire: Gender and sexual negotiation in long-term marriages. *Journal of Marriage and Family*, Vol 70(2), 391-406.

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- Schwarz, R., & Braff, E. (2012). *We're no fun anymore: Helping couples cultivate joyful marriages through the power of play*. New York, NY: Routledge/Taylor & Francis Group.
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- Watters, Y. & Boyd, T. (2009). Sexuality in later life: Opportunity for reflections for healthcare providers. *Sexual & Relationship Therapy*, 24(3/4), 307-315.

Chapter 5: Sexual Decision-Making **By Callie Gordon**

Background and Introduction

Healthy sexual decision-making affects women and men of all ages. However, much of the current information available for sexual decision-making is geared towards teens and adolescents. Sexual decision-making for adults, both young and old, is an integral part of sexual development. It is important to keep in mind that sexual decision-making is relevant in all stages of life and can have a huge impact on sexual health. While adolescence is a major developmental milestone in regards to sexual health and choices, it is only the beginning of a long sexual life and sexual decision-making is relevant throughout the lifespan.

Review of Relevant Research

Adolescence is often the time that individuals begin thinking about themselves as sexual beings and start to consider what having sex might actually mean to their sexual development. Adolescents often consider many different factors when making sexual decisions including family's moral and religious influences, peer expectations and pressures, biological maturity, and school and community influences (Commendador, 2010). In the U.S., 45.3% of adolescent women and 43% of adolescent men between ages 15 and 19 have had sexual intercourse. However, each adolescent experiences the decision-making process about having sex differently. Often times, when thinking about losing one's virginity, memories of romantic experiences and embarrassing moments come to mind. In contrast, however, research shows that ambivalence is a major factor concerning today's youth and their sexual decision-making process, or lack thereof (Pinquart, 2010).

Decision making for adults typically means that several options and consequences are considered and then the best alternative is chosen. That is not always the case when adolescents make decisions about their lives and their sexual choices. Research indicates that adolescents make decisions much differently than adults. Adolescents are often under the influence of peer pressure when making decisions and this pressure can override opinions or beliefs learned through family or religious institutions (Commendador, 2010). Some medical journals have also stipulated that the frontal lobe of the brain responsible for weighing consequences is underdeveloped in adolescents and can make it more difficult to evaluate particular consequences to their actions (Weiss, 2007).

In the *Journal of Sex Research*, Martin Pinquart (2010) looks at the ambivalence that adolescents have about their first sexual intercourse experience. His research shows that several different factors play into their level of ambivalence. Body image, attitudes about love, and those being pressured to have sex showed higher levels of ambivalence about sexual intercourse. However, on average, adolescents showed a moderate level of ambivalence. Also, his study indicated that older adolescents had higher levels of ambivalence and were less likely to use contraception during their first intercourse experience.

Some research also indicates that adolescent women are more at risk as a result of poor sexual decision-making than adolescent men (Chambers & Rew, 2003). In addition to the staggering rates of new cases of sexually transmitted infections, including HIV/AIDS, which women seem to hold the majority share, young women are at risk for teenage pregnancies. Statistics show that 90% of adolescent women who use inconsistent contraception will become pregnant within one year of their first sexual intercourse. Teenage pregnancy rates, while declining in the 1990s, have been gradually increasing in recent years (Commendador, 2010).

Contraception is an important part of sexual decision-making for adolescents and for adults. Typically, the contraceptive choices preferred by adolescents are abstinence and condoms (Commendador, 2010). In addition, research does show that adolescents are inconsistent and erratic users of contraception. Most people do believe that it is beneficial to adolescents if their parents have

regular discussions with their children about contraceptive use but these conversations are not always possible or are often too infrequent to show benefits in research (Weiss, 2007). However, research indicates that frequent family discussions and parental involvement in their children's lives as a whole reduce the frequency of high risk behaviors, like unprotected sex. In fact, adolescent girls often indicated that their relationship with their mother and different maternal factors were some of the greatest factors influencing their sexual decision-making process (Commendador, 2010).

When thinking about adult women and their decision-making process in regards to contraception and other sexual decisions like pregnancy and cohabitation, there are several factors at play. Research shows that adult women typically consider the relationship first when making sexual decisions (Vennum & Fincham, 2011). Commitment level, length of relationship, and relationship history are just some of the considerations involved when making sexual choices. Hucker, Mussap, and McCabe (2010) researched the factors that influence women's sexual health and overall sexual satisfaction. Commitment and synthesis/integration within the relationship were shown to be the most influential factors. And women with higher levels of self-efficacy and an integrated sexual identity reported higher levels of sexual satisfaction and listed healthier sexual decision-making behaviors. Men, however, have shown a more passive involvement in sexual decision-making. Often, men report that these decisions are left up to the woman and the male partner concedes (Vennum & Fincham, 2011).

There is little research available currently in regards to same-sex couples and their sexual decision-making process. The research that is available revolves around the risks associated with the transmission of HIV/AIDS in gay male partners. In the U.S., approximately 56,000 new cases of HIV are reported each year and a majority of those new cases are men who have sex with other men (Eaton, Cherry, Cain, & Pope, 2011, p. 539). Because of the lack of research in the area of men who have sex with men, the gay community has developed an HIV prevention strategy to help reduce the number of new HIV cases called serosorting. Serosorting is when men only engage in sexual intercourse with other men of the same HIV status. Research on serosorting does indicate that it does help to create a more informed sexual partner, emphasizes open communication about HIV status, and can potentially reduce the number of HIV cases in communities that use it regularly.

Possible Counseling Issues

Sexual decision-making can affect several different aspects of daily life and can cause great distress or crisis within an individual. While healthy sexual decision-making can help clients to explore a sexual side of themselves, increase self-esteem and self-efficacy, and create closer bonds within their relationships. Counselors might encounter a wide range of topics when working with clients about sexual decision making.

When working with adolescents, counselors might work with them on sexual development, risky behaviors, communication skills when working with parents or other caregivers, and help finding resources on contraception or other pregnancy related topics. Counselors also might work with parents on better ways to communicate with their children, how to have healthy conversations about sex with their teenagers, and how to cope with teens who have made poor sexual choices and the consequences. Counselors also may want to become informed on the influences of alcohol and other drugs in regards to their effect on sexual decision-making.

When working with adult clients, counselors might work with them on relationship issues and sexual choices related to staying together, becoming more or less committed, or contraception. Counselors also might see decision-making issues involving unwanted pregnancies and choices about fertility and parenthood. Clients may need help with decisions involving sexual partners, sexual difficulty in relationships, and sexual intercourse with new partners after divorce or remarriage.

Counseling related to sexual decision-making can be done in individual, family, or couples counseling. Families can develop communication skills related to openly discussing sexual behaviors,

risky sexual practices, and possible consequences. Couples can learn to make decisions together, learn each other's cognitive processing style, and sort through any miscommunications causing them difficulties.

Additional Guidelines for Counseling Practice

As always in a counseling relationship, a strong and mutual therapeutic alliance is important when working with clients about sexual decision-making. The counselor must also make sure that his/her personal biases are held in check so as to not influence the decision-making process of the client. It is all too easy for the counselor's personal views to color the client's choices and influence their process.

When working with adolescents, the counselor must also maintain a working relationship with the parents that does not damage the rapport with the client. The adolescent's maturity level, mentally, emotionally, and physically, must be kept in mind when helping a client to work through particular sexual choices. The counselor must also remember and continue to discuss with the client the issues of confidentiality and minors.

Counselors must also take cultural and religious factors in to consideration when working with clients about sexual decision-making. Different cultures and religions view sex in different ways. The decision-making process about sex and sexual health could be an individual process, and family decision, against certain religious beliefs, or come with certain customs or ceremonies. The counselor should inquire and discuss cultural and religious influences prior to deciding on a treatment plan.

What resources are available to help professionals learn more about this topic?

Duffy, M. F. (2011). *Making sense of sex: Responsible decision making for young singles*. Louisville, KY: Westminster John Knox Press.

McAnulty, R. D. (2003). *Exploring Human Sexuality: Making Healthy Decisions (2nd Edition)*. Boston: Addison-Wesley Publishing Co.

<http://www.youngwomenshealth.org/making.html>

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- Vennun, A., & Fincham, F. D. (2011). Assessing decision making in young adult romantic relationships. *Psychological Assessment*, 23 (3), 739-751.
- Weiss, J. A. (2007). Let us talk about it: Safe adolescent sexual decision making. *Journal of the American Academy of Nurse Practitioners*, 450-458.

Chapter 6: Connections between Sexuality and Spirituality By Elizabeth Doom

Background and Introduction

Although addressing spirituality and religion in therapy has been around since the beginning days of the field of Marriage and Family Therapy, its specific application to couple therapy, has flourished in the last 15 years (Helmeke & Bischof, 2011). The increasing interests of clients in spirituality evidenced by polling and media reports, the ethical demand of clinicians to practice unconditional positive regard with all clients, and the growing number of mixed religious households compel clinicians to consider how spirituality can influence or facilitate psychotherapy, in general, and in sexual counseling, specifically (Wolfe & Stevens, 2001; Turner, Fox, Center, & Kiser, 2006). Although the subjective nature of spirituality has limited the research available, there is consensus that the integration of spirituality and sexuality offers partners many positive possibilities, including: an enhanced quality in the shared sexual experience (Turner, Center, & Kiser, 2004); an heightened sense of spirituality and improved sexual development (Schnarch, 1997), and greater self-understanding and mutual fulfillment. For both clients and clinicians, incorporating spirituality into sexual therapy can deepen the therapeutic experience (Turner et al., 2004).

Review of Relevant Research

Research on the subject has been slowed because definitions of spirituality and religion were and remain difficult to concretize. Spirituality can be highly personal and subjective and is outside the realm of scientific observation and measurement. Wright, Watson, & Bell articulated that religion reflects shared, institutionalized values and beliefs about God in a particular community (cited in Wolfe & Stevens, 2001, p. 67), whereas spirituality is a broader experience. Spirituality is not particular to an organized religious setting, but rather about “one’s search for meaning and belonging and core values that influence one’s behavior” (Sperry, 2001, p. 4). Frame further states spirituality includes a reach for that which is greater than oneself (cited in Turner et al., 2006, p. 81). The onus is upon clinicians to assess client meaning for these terms to determine whether they are interchangeable.

Helmeke and Bischoff (2011) summarizing the research history of spirituality and psychotherapy, report that between 1995 and 1999, research examined spirituality only in relationship to marital satisfaction and healthy marital and family functioning, assessment, clinical practices, and how the couples’ therapist can utilize his or her spirituality as a resource. Religious participation and beliefs were positively associated with marital satisfaction and adjustment. A key study by Mahoney et al., (1999) discovered that participation in joint religious activities and spouses’ perception of their marriage as having sacred qualities impacts the relationship were associated with better marital functioning, e.g. perception of increased benefits of marriage, less marital conflict, better problem solving (cited in Helmeke & Bischof, 2011, p. 258)

Since the late 1990s, research has sought to identify *how* spirituality should be integrated. Schnarch (1997) in his book, *Passionate Marriage*, was an early advocate and articulated how spirituality and sexuality are connected to one another. Schnarch contends that engaging in sexual development via self-differentiation (i.e. expanding self-preservation and self-adaptation) allows persons to transcend their selves to increase spiritual capacity and mindfulness. Couples can work through sexual and marital difficulties by aligning sex with spirituality. Just as spiritual persons identify with the notion of growing through a test of faith, so too, he argues, the choice of partners to self-differentiate and grow through the marital gridlock produced by varying sexual preferences and styles mirrors the faith experience of believing in oneself and calling forth one’s resources to develop sexually.

Scholarly research describes the positive benefits for couples who want to utilize sexuality to enhance their spirituality and vice versa. Couples who practice “Sacred sexuality” or “tantra,” a

Buddhist philosophy of sexual rituals, disciplines and meditations, whose goal is oneness, experience a deepened connection with their partner and for humanity, a feeling of spirituality, an altered state of consciousness and view the relationship as an opportunity for growth (Kruse, 2002). Sokol (1996), also articulated Tantric practitioners' positive outcomes, including of a loss of body and self-sense, feelings of expansion, bliss, non-duality, and a heightened awareness (cited in MacKnee, 2002, p. 235). Practicing Christians experience profound spiritual/sexual encounters along 11 themes, such as God's presence, intense union, euphoria, transcendence and holistic involvement and experience 5 aftereffects, such as empowerment and purpose, passionate awareness and connection, and sense of gender equality (MacKnee, 2002).

Because research on spiritual sex therapy is negligible, practitioners must adopt an approach combining established techniques of sexual counseling with therapeutic approaches that highlight the spiritual aspects of the couple (Turner et al., 2004). Psychotherapeutic approaches available to practitioners which incorporate spiritual elements include: Jungian psychology; sacred psychology; partnership model; pastoral counseling; Jewish mysticism and transpersonal psychology (Serlin, 2005) Utilizing spiritual orientations that underlie individual understandings of sex and sexual dysfunction also offer a holistic approach in sex therapy. Christianity, i.e. Western influences, along with other Semitic traditions (Islam, Judaism), view the divine as transcendent and separate from the created universe. The material world must be transcended to access the divine. In contrast, Eastern traditions, i.e. Eastern influences, hold that the universe (material world) is an expression of the divine. Engaging in the material world accesses the divine (Turner et al., 2004, 2006; Ullery, 2004).

The dualistic perspective of early Christianity viewed the soul as superior to the body, although this view was usurped by a theology that united the flesh and soul. Now, the body could be a vehicle for spiritual experience, rather than only the repository for sin. Despite this latter interpretation, and the Bible's advocating of sex within marriage, individual believers interpret, whether conscious or not, the role of the body to spiritual matters, which can result in an array of positive or negative feelings (Sperry, 2001). These feelings influence not only how clients view their own sexuality, their sexual relationship(s) and resulting sexual behavior, but also their focus of the sexual experience, whether upon the act of intercourse (a focus on behavior) or how sexuality is an expression of or facilitates the experience of God's love (a focus on the relational dimension) (Yip, 2010). Spiritual perspectives can produce challenges to sexual intimacy and experiences (e.g. low sexual desire, sexual behavior limited to child-bearing; shame and guilt) on one hand and opportunities for increased union, connection, and ecstatic and transcendent sexual experiences (e.g. the spiritual yearning and desire for connection and wholeness motivating peak sexual experiences) (Macknee, 2002). Timmerman (2000) challenges clinicians to teach clients a critical method for examining beliefs, a discernment process to dislodge religious spiritual prohibitions that are not "good theology."

While Taoism encourages sexual expression to achieve spiritual purposes, Hinduism offers salvation through devotion and Buddhism espouses enlightenment achieved through avoiding sin and adopting virtue. Hinduism and Buddhism integrate spirituality and sexuality through the philosophies of Kama Sutra and Tantrism. The principle of Kama (sexual love) is embodied when the five senses, intellect, and spirit consciously explore the full joy of bodily contact (Turner et al., 2006). The wholeness and unity of the tantra philosophy is expressed in the energy, spirituality and transcendent transformation within sexuality. Intertwining the feminine (yin) and masculine (yang), tantra sex is a unified expression of the whole person. Because the yin and yang are within both genders, sex roles and behaviors are no longer rigidly defined. Unblocking the seven energy centers of the body, the "chakras," partners can utilize tantric sex to channel powerful energy between them (Turner et al., 2006). Bodily techniques, such as breathing, relaxation and visualization can heighten the senses to the full erotic pleasure of physical and spiritual union. Sexual dysfunction, however, necessitates medical etiologies be addressed prior to the Eastern spiritual sexual journey (Ullery, 2004).

To assist homosexual clients, Brammer (2009) argues therapists should be versed in the holy texts that can be intolerant of homosexuality to facilitate well being and reduce any conflict between religious beliefs and sexual orientation. Assisting clients to integrate their spiritual beliefs and sexual orientation can prevent despair leading to suicide and address existential concerns in facing AIDS. Utilizing spiritual interventions of compassionate presence and non-judgment to help AIDS victims confront negative external and internal views of self and to confront guilt and spiritual fears can help clients create meaning in life in the face of death. Yip (2010) reviews an essay by Meghani, which focuses on three recent texts of Islam and sexualities and articulates that despite the public rhetoric of negative views of sex and homosexuality within Islam, its texts, in fact, include heterosexual and homosexual desire and pleasure (p. 669).

Possible Counseling Issues

Clinicians should appraise how each individual and the couple make meaning of their spirituality, how it may or may not coincide with presenting issue, the clinician wants to assess to what degree spirituality influences feelings, thoughts, behaviors within the system, in general (Sperry, 2001), and its impact on sexual expectations, experiences and performance, specifically (Turner et al., 2004). An important caveat: regardless of creed or affiliation, more conservative or orthodox believers are concerned clinicians may not be supportive of and encourage them to violate their religious standards, whereas such expectations are less likely among less conservative clients (Sperry, 2001).

For individual clients who have internalized negative messages about sexuality, they may need to accept their normal sexuality and process past sexual experiences (Freeman, 1988). Some concepts, such as sin and judgement are overemphasized in religious settings, leading to guilt feelings and low self-esteem (Sperry, 2001). These individuals need the opportunity to deal with their sexuality realistically and understand their sexual behavior might be more closely related to a broader context. If an inability to accept him or herself as sexual because of a theological belief persists, this client may be challenged to speak with spiritual mentors about the meaning of the embodiment of God in flesh and human enfleshment (Freeman, 1988). The therapist can appeal to both Tantric wisdom and Christianity which highlight that sexual virtue and spirituality is manifest not by specific acts, but rather one's motives and intentions as they seek to love others (Ullery, 2004). Counselors can alert curious clients to a new ethic of sex, which embraces a whole-person ethos in which eroticism and spirituality coexist in unity as part of the whole person (Bowes, 2010). Homosexual individuals may struggle to integrate their sexual orientation and spiritual convictions, and thus the therapist should be familiar with religious teachings and how they may affect their client's well being. Although clients should seek spiritual counsel regarding the morality of their orientation, counselors can use their understanding to help clients reject intolerant religions (Brammer, 2009).

In families, therapists attune to family roles. Because some religious settings emphasize traditional, patriarchal sex roles within marriage, it is possible that rigidly held roles can hinder individual sexual self expression within the relationship. As one diminishes his or her needs and desires to maintain the tightly held indissolubility of marriage, the possibility for increased intimacy and sexual development is moderated (Sperry, 2001). There are 28 million American coupled adults who live in mixed religious households (Turner et al., 2006), heightening the possibility for sexual conflict between partners, but also conflict around which spiritual and sexual values are to be transmitted to children in the home, including how these are communicated and are emphasized.

Couples are also strained by role conflict influenced by religious teachings which may need to be resolved to enhance sexual expression. Boaz and Wiseman (2001) note an overemphasis on sin as mainly related to sexual behaviors may inhibit sexual desire (cited in Wetchler, 2011, p. 260). If unencumbered by spiritual beliefs, but rather the couple presents to enhance intimacy and the sexual experience, sex can be approached as a spiritual ritual and become an expression of prayer and Sabbath (Ullery, 2004). Ideally the dualistic conception of mind/body and spiritual/worldly which reduces

sexuality to sex behavior should be minimized and a spirituality that encompasses the totality of the human experience, including, but not limited to emotional attachment, companionship and eroticism should be amplified. The goal of integrating spirituality and sexuality can thus include moving the focus from sexual dysfunction to erotic satisfaction (Yip, 2010). Taoist and tantric techniques can enrich sexual expression to achieve spiritual purposes (Turner et al., 2006)

Additional Guidelines for Counseling Practice

Because there is no solid empirical foundation for spiritual sex therapy, prudence is important (Ullery, 2004). Important clinician considerations include the following: counselors must know their own spirituality and how it may affect clients; counselors must assess both partners level of commitment to the therapeutic and spiritual process; counselors must assess to what degree religion interfaces each partners spirituality; counselors must assess whether clients' Christian beliefs are more dualistic or holistic and if one views their body with shame; counselors must assess their appropriateness for sex therapy; counselors must practice within their competencies, utilizing effective tools and gaining specialized training when necessary; counselors must recognize some eastern spiritual approaches may be offensive to some; and counselors should engage in this area of research.

Biases limit therapeutic effectiveness, thus therapists must examine their own personal spiritual and sexual experiences, values and beliefs to prevent imposing them upon their clients. (Turner et al., 2006). Imposing spiritually based interventions without client consent is unethical and also to be avoided. Clinicians should attend to the possibility of dual relationships, such as when a religious leader is also a counselor, or when a counselor's influence may displace religious authority. Clinicians must assess personal barriers such as their spiritual views different from their own or feel they cannot relate to clients because of their own lack of spiritual orientation. Additional obstacles to effective therapy include: 1) lack of training; 2) advocating negative views of sexuality, divorce or homosexual relationships from the counselor's personal belief to hinder a client's growth 3) clients' desire to keep topics separate, since spirituality is the domain of religious leaders (Wolfe & Stevens, 2001).

What resources are available to help professionals learn more about this topic?

Helpful books: 1) Schnarch, D. (1998). *Passionate marriage: Keeping love and intimacy alive in committed relationships*. NY: Owl Books and 2) Sperry, L. (2001). *Spirituality in clinical practice: Incorporating the spiritual dimension in psychotherapy and counseling*. Philadelphia, PA: Brunner-Routledge.

Helpful websites: www.aasect.org/ (The American Association of Sexuality Educators Counselors and Therapists); www.joyofmakinglove.com/ (tantric sexuality website); www.expandingsextherapy.com/; www.mindspirit.org/ (psychotherapy and spirituality institute)

Helpful journals: *The Family Journal, The American Journal of Family Therapy, Journal of Psychology and Theology, Sexualities, Pastoral Psychology, Counseling and Values, Journal of GLBT Studies*

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Chapter 7: Positive Sexuality in the Media: How This Can Help and Hinder ‘Real Life’ Couples By Susan Henkel

Background and Introduction

As counselors, we look at clients holistically and want to promote client wellness in all aspects of their lives. Often a client’s sexuality and sexual development can be important pieces of his or her identity. In 2004 the World Health Organization (WHO) released a statement declaring sexuality to be a crucial part of being human and, in addition, that positive sexuality involves a person having enough information and choice to enjoy sexuality that is both safe and fulfilling (Diamond, 2006). This two-fold approach to sexuality highlights the importance of sexual development that includes information about both risks and pleasure. According to Chris Beasley, author of “The Challenge of Pleasure – Reimagining Sexuality and Sexual Health,” recognition of sexuality and pleasure in accompaniment to sexual health can result in more positive sexual experiences, more equality between genders, and can reduce sexual violence (2008). While sexual information found in standard school-based sex education and doctors’ offices is important in covering the mechanics of reproduction and the avoidance of sexually-transmitted infections (STIs), information is often lacking on the pleasure of sex and sexuality (Beasley, 2008). Ward, Day, and Epstein, authors of “Uncommonly Good: Exploring How Mass Media May Be a Positive Influence on Young Women’s Sexual Health and Development,” define mass media as a term that encompasses the Internet, movies, music, television programming, magazines, and video games (2006). Ultimately, the media may provide a view of sexuality not just as a risk but as a source of pleasure and positive experience (Ward, Day, & Epstein, 2006).

Review of Relevant Research

The Kaiser Family Foundation issued a report in 2005 which revealed an enormous amount of sexual content on television programs in the United States (“Sex on TV,” 2005). For example, this extensive study found that greater than two out of every three shows from the general audience programs included “sexual content in the form of talk about sex and/or sexual behavior” (“Sex on TV,” 2005, p. 20). It is beyond the scope of this chapter to review all of the results regarding the prevalence of sexual content in television programming in the United States of America today, however even the example above reveals the extent to which sexuality is portrayed in the media.

In “In Search of Good Sexual Development Pathways for Adolescent Girls” Diamond (2006) highlights the historical view of the role of females as guardians of sexual health and managers of risk, reduced to denying their own sexual desires. Many times parents, medical institutions, school-based sex education and some media are the sources of this viewpoint (Diamond, 2006). Positive examples of sexuality in the media can be used to off-set this limiting role and can provide healthy alternatives such as diverse role models and the opportunity to vicariously act out different aspects of sexuality (Diamond, 2006).

A study in New Zealand, conducted in 2007, revealed the gaping holes in school-based sex education programs (sex ed) in New Zealand (and likely, the author speculated, in many similar Western nations) in providing a holistic view of sexuality as both containing risks and being a source of pleasure (Allen, 2007). Eighty percent of the teenagers in this study called sex ed “useless” or “fairly useless,” saying they went to the internet for valuable information on sex (Allen, 2007, p. 3). Even in this study result one can see the media providing information that many teenagers want regarding sex and sexuality. Many responses in the focus groups used in this study revealed a common understanding of the risk of ridicule if an individual showed an interest in learning about the pleasurable aspects of sex (Allen, 2007). Once again, the media could provide some positive examples of sexuality in a safer method and could help make the topic of sex as pleasure less taboo. Ultimately,

Allen states that sex as pleasure and not just as a danger is crucial to positive sexual development and sexuality (2007).

Calzo and Ward (2009) conducted research on the ways in which youth learn about homosexuality, summarized in an article titled “Contributions of Parents, Peers and Media to Attitudes Toward Homosexuality: Investigating Sex and Ethnic Differences.” This study revealed that informal sources such as parents, friends, and the media are perceived as being larger providers of and influences on sexual beliefs than formal sources such as health care professionals and school sex education (Calzo & Ward, 2009). Formal sources, including the examples mentioned above, often provide information on the biological nature of sex and sexuality whereas informal sources provide information on attitudes and values related to romantic relationships, gender roles, sexual stereotypes and sexuality (Calzo & Ward, 2009). Additionally, results from the study found that media sources more often delivered the message of homosexuality as orientation and not morality than parents (Calzo & Ward, 2009).

“Entertainment Television as Healthy Sex Educator: The Impact of Condom-Efficacy Information in an Episode of *Friends*” (Collins, Elliott, Berry, Kanouse, & Hunter, 2003) describes research done after an episode of *Friends*, the most-watched television show at the time of airing, included a piece on condom efficacy. Results showed that 65 percent of confirmed viewers remembered that the characters Ross and Rachel used a condom and 31 percent remembered that condoms were reported as being greater than 95 and less than 100 percent effective (Collins et al., 2003). Additionally, 24 percent of confirmed viewers talked to an adult about the episode and 42 percent changed their perception of condom efficacy, with 61 percent of those having reduced their perceptions of condom efficacy (Collins et al., 2003). In furthering their argument for the potential benefits of sexuality in entertainment television, Collins et al. (2003) state that 60 percent of teens in a 2001 study claimed they learned how to say “no” from television and 43 percent said they learned how to talk to a partner about having safer sex from television.

Ward, Day, and Epstein (2006) present several examples of how mass media could be a positive influence on the sexual development and identity of young women in “Uncommonly Good: Exploring How Mass Media May be a Positive Influence on Young Women’s Sexual Health and Development.” For the purposes of their work, Ward et al. define positive sexual health and development as “sexuality that is consensual, honest, mutually pleasurable, nonexploitative, and protected against unintended pregnancy and sexually transmitted diseases” (2006, p. 59). Magazines are cited as useful providers of information because they are affordable, portable, and can be read in anonymity (Ward et al., 2006). Entertainment television also provides information and can depict a wide array of role models (Ward et al., 2006). These diverse sexual models can allow women to either choose to be like or intentionally not be like the character they are watching (Ward et al., 2006). The media can also offer young girls the opportunity to try out romantic scripts safely in their imagination and figure out what it means to be a female and a sexual being (Ward et al., 2006). Lastly, Grrl-zines are self-published print media created by girls and young women and are cited by Ward et al. to be realistic, frank, honest, counter-pop-culture places of exploration and self-expression (2006).

Possible Counseling Issues (e.g., Individual, Family, and/or Couple)

It is important for counselors to be aware of the potentially monumental influence of the media in shaping an individual’s sexuality. In today’s world of easy exposure to mass media in so many formats, it is likely that almost any client entering counseling will have been exposed to sexuality in the media (Sex on TV, 2005). Roberts, Foehr, and Rideout (2005) found that American children between the ages of eight and eighteen use media almost eight hours daily, about four of these in watching television (cited in Ward, Day, & Epstein, 2006). Additionally, 83 percent of popular adolescent programs and between 44 and 76 percent of music videos contain sexual imagery and content (Ward et al., 2006). These statistics need to be taken into consideration in conceptualizing

clients who have grown up in a generation of television and mass media. Exposure to and influence of sexuality in the media could be an important area of exploration with clients in order to understand where their current beliefs and identities originated and to facilitate both the removal of false and/or negative aspects and the growth of healthy and positive aspects of sexuality. As counselors, we want to be able to promote sexual health as one aspect of holistic wellness and as a means of preventing future physical and/or emotional struggles related to sexuality.

For example, an older couples' exposure to positive examples of sexuality and senior citizens in the media could increase their sense of empowerment and result in their coming for counseling in order to improve their sex life. Another example could be a client who identifies as transgendered and, having only seen negative or limited portrayals of transgendered individuals in the media, is struggling to figure out what it means to be a sexual being and a transgendered person. A third example could be parents who are worried about the amount of sexual content in the television shows, movies, and music videos their teenage children are exposed to and are concerned that any exposure to sexual content in the media will lead their children to engage in risky sexual behaviors. It is easy to see from examples like these that counselors need to be aware not only of the prevalence of sexual content in today's mass media but also of the potential benefits and uses of positive examples of sexuality in the media.

Additional Guidelines for Counseling Practice

One way that positive sexuality in the media can be incorporated into counseling practice is through the assigning of homework. The counselor can provide the individual, couple, or family with specific selections from the media to review on their own for many purposes. Positive examples of sexuality in the media can provide information in an accessible manner and help negate learned unhealthy messages about sexuality (Hawk et al., 2006). This homework assignment can also provide a prompting for discussions related to sexuality within a family (Collins et al., 2003).

In a presentation by members of the Greensboro chapter of Parents, Families, and Friends of Lesbians and Gays (PFLAG), a man who identified himself as gay spoke of growing up in an age where the only openly homosexual people in the media were Elton John and Melissa Etheridge, neither of whom, the man said, young gay people could identify with (presentation on October 18th, 2011). It was not until he was in college and saw an episode of an MTV reality television show called *The Real World* in which a young man publicly declared himself gay that he saw a media portrayal of a homosexual individual with whom he could identify; a moment he called "monumental" in his sexual development (presentation on October 18th, 2011).

Media, such as television and movies, may be able to present issues of sexuality in a manner and through characters with which people can more easily relate than to a printed case study or a statistic (Collins, Elliott, Berry, Kanouse, & Hunter, 2003). Media also has the potential to provide opportunities for parents to discuss issues of sexuality with their children that may otherwise be difficult to bring up (Collins et al., 2003). One such example could be an episode from the third season of the television show *Dawson's Creek* in which two teenage characters discuss whether or not they are ready for sex (forum on www.scarleteen.com). The episode also shows a trip to a women's clinic, gives information about the use of birth control and includes some talk of realistic expectations (forum on www.scarleteen.com).

The counselor could also assign a client or clients the homework of creating something similar to a grrl-zine, since the premise can be expanded to include issues beyond those that are typical for adolescent girls and young women. The zine can be used to frankly express feelings, thoughts, and opinions and also as a kind of personal stance against common pop-culture negative or unhealthy messages about sex and sexuality. Whether or not this zine actually is published and distributed by the client(s) depends on the situation but even if it is done solely as a private act it could be a powerful therapeutic tool taken from the media.

Using positive examples of sexuality in the media could be homework assignments for counselors to utilize with clients as they struggle with a wide array of issues related to sex, sexual development, and sexual identity. These homework assignments could help negate learned beliefs about sexuality that are not realistic and/or healthy, provide chances for families to discuss sex without much awkwardness, offer a format for clients to express themselves through zines, and much, much more. Counselors today have the opportunity to harness the power of positive sexuality in the media and use it for endless therapeutic purposes.

What resources (e.g., books, Internet sites, and journal articles) are available to help professionals learn more about this topic?

- . Kaiser Family Foundation: <http://www.kff.org/>
- a. American Association of Sexuality Educators, Counselors, and Therapists, Links & Resources: <http://www.aasect.org/assoclinks.asp>
- b. Society for the Scientific Study of Sexuality: <http://www.sexscience.org/>
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- e. Scarleteen, “Sex Ed for the Real World”: <http://www.scarleteen.com/forum/ultimatebb.php>

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Chapter 8: Romance and Sexuality

By Kate Jessup

Background and Introduction

Romance and sexuality are two topics that although closely related, have often been conceptualized and studied separately. Sexuality is known to be universal among all people groups, but researchers have questioned the universality of romantic love, which is expressed very differently in different cultures (Hendrick & Hendrick, 2004). In Western culture today, more romantic diversity is present than ever before, and romantic love has been transformed from a quality that used to be an expected result of marriage to an opportunity to fulfill oneself through a unique and meaningful relationship with a partner (Illouz, 2010). Illouz argues that the shift from the old system in which the family was the economic unit of production to a focus on the family's emotional experiences has aided in the development of the current intense, individualistic conceptualization of romantic love (2010). Other changes regarding romantic love include the way in which feminism affected the nature of romantic relationships between men and women by highlighting women's oppression, and how greater interest and research in psychology has taught even the average person that romantic relationships are highly complex and composed of many subtle variables (Illouz, 2010). An even more recent development is the popularity of online dating; although many users of such websites are motivated by a desire for a sexual relationship, romantic aspects of relationships are typically magnified in an effort to go along with convention (DeMasi, 2011). Clinicians who work with clients dealing with romance and sexuality concerns would do well to stay apprised of both how past conceptions of romantic love and sexuality affect clients and current trends in that area. Clients may be particularly affected by the intersection of family influences such as mores from their parents' generation and pressure from their peer groups, which may be quite divergent.

One concept valuable in understanding the relationship between romance and sexuality is that of sociosexuality, which outlines such aspects as attitudes about casual sex, both past and anticipated sexual behavior, disposition toward engaging in sexual relationships outside the primary relationship, occurrence of fantasies about people other than current sexual partners, and desire for greater or lesser number of sex partners (Simpson, Wilson, & Winterheld, 2004). These factors are assessed by the Sociosexual Orientation Inventory, which assigns an orientation on a continuum of restricted to unrestricted (Simpson, Wilson, & Winterheld, 2004). Individuals with a restricted orientation consider emotional and psychological intimacy to be necessary for having sex with a partner, and those with unrestricted orientations are less discriminating in that regard (Jones, 1998). Jones' research indicates that restricted individuals possess greater intrinsic motivations for romantic relationships and display greater commitment but results were inconclusive as to the motivations of unrestricted individuals (1998). Most people fall in the middle of the continuum, and the variability within each gender is greater than that between the genders (Simpson, Wilson, & Winterheld, 2004).

Aron & Aron's dimensional model is also useful in comprehending the relationship between romance and sexuality (Hendrick & Hendrick, 2004). It presents a continuum with sex at one end (position A), love at the other (position E), a midpoint where love and sex are of equal importance (position C), and one intermediate point between sex and the midpoint (position B) and one intermediate point between love and the midpoint (position D) (Hendrick & Hendrick, 2004). Aron & Aron construct love as a "constellation of behaviors, cognitions, & emotions associated with a desire to enter or maintain a close relationship with a specific other person" and define sexuality as the "constellation of sensations, emotions, & cognitions that an individual associates with physiological sexual arousal and that generally gives rise to sexual desire/and or sexual behavior" (Hendrick & Hendrick, 2004). With those definitions in mind, position A views love as merely a result of sex and is aligned with evolutionary approaches (Hendrick & Hendrick, 2004). Position B, which includes

attachment theory, asserts that love is a small part of sexuality and gives more credence to physiological qualities such as hormones and neurotransmitters (Hendrick & Hendrick, 2004; Hiller, 2004). The midpoint, position C, gives equal significance to love and sex and incorporates a variety of theories that differ in whether they view love and sex as interrelated (Hendrick & Hendrick, 2004). Position D posits that sex is a marginal part of love and interacts with multiple love-focused theories while Position E states that sex is a consequence of love and is associated with several non-scientific contributions (Hendrick & Hendrick, 2004). To further advance understanding of Aron & Aron's model, Hendrick & Hendrick state that that lust/sex, attraction/passionate love, and attachment evolved separately but became intertwined over time (2004). The connections between these systems vary depending on cultural and personal variables, meaning that sex/lust might be principal in one person's experience of love while for another person attachment might be the most important.

Review of Relevant Research

A large proportion of the literature on the intersection of romance and sexuality focuses on adolescents, and adolescent romance and sexuality has even been characterized as an emerging field (Furman, 2002). Adolescence is often marks the beginning of increased exploration in the areas of romance and sexuality, which makes it a valuable time period to research in order to gain information about how the romantic and sexual practices of adults develop. Quantitative research on adolescents' involvement in romantic and sexual relationships continues to grow (Furman, 2002), but in-depth qualitative analysis of adolescents' experiences is also useful reading for clinicians. For example, Tolman studied a sample of 300 girls aged 15-18 in suburban and urban public schools but provided a detailed examination of one girl's experience in particular (2000). Adolescent research has also focused on the media with which adolescents typically interact. Carpenter's analysis of *Seventeen* magazine from 1974-1994 revealed an increase in sexual scripting that encourages agency for young women but a continued overall endorsement of more traditional sexual scripts that establish women as sexual objects (1998). As discussed in the next section as a possible counseling issue, romance and sexuality will likely be essential parts of adolescent clients' experiences, and clinicians can benefit from surveying the wide body of research to determine what applies to their particular clients.

The attachment perspective, which asserts that romantic and sexual relationships are influenced by early attachment experiences with caregivers and the resulting attachment styles that develop, is well-researched, particularly with the college student population. Most attachment studies utilize a classification model of secure attachment (individuals who create intimacy through independence and proximity equally) and insecure attachment, with certain individuals characterized as avoidant (avoiding intimacy through overemphasis on autonomy) and anxious/ambivalent (desperately trying to achieve intense intimacy through focusing on closeness) (Feeney & Noller, 2004). Shachner and Shaver found that male and female avoidant individuals typically have sex to be seen as part of their peer group rather than to enhance a relationship with a sexual partner (2004). On the other end of the spectrum, anxious individuals of both genders often engage in sex to assuage their insecurities and to feel a deep, valuing intimacy from their sexual partners (Schachner & Shaver, 2004). Gender specific findings from Schachner and Shaver's work include that avoidant women are more likely than avoidant men to avoid sex completely while anxious women tend to use sex as a way of keeping their partners engaged in the relationship (2004). Stephan and Bachman researched college students' attachment along with their sociosexual orientation and love schemas, finding that securely attached students ranked highest on restricted orientation while casually attached (strong preference for easy, uncomplicated relationships) students were the most unrestricted (1999). Students with attachment styles corresponding to anxious/ambivalent and avoidant types were located in the middle ranges of the restricted versus unrestricted continuum (Stephan & Bachman, 1999).

Although college students are among the most researched populations, other groups have been studied as well, including Birnbaum's work with a community sample of women (2007). Birnbaum

found that although both avoidant and anxious attachment styles negatively affected sexual emotions and thoughts, anxious attachment was associated with greater problems in sexual functioning (2007). Women with anxious attachment styles experienced lower arousal, organismic responsivity, sexual satisfaction, and sexual intimacy; these negative experiences may in part be caused by the women's frequent worries and intrusive thoughts (Birnbaum, 2007). Attachment avoidant women reported lower sexual intimacy, excitement, and arousal, but these lower ratings did not indicate sexual or relational dissatisfaction (Birnbaum, 2007). Because individuals with attachment avoidance often seek to limit intimacy, these low ratings may actually be a sign that these women were achieving relational goals and happy with the way their relationships were proceeding. Another specialized group, married couples expecting their first child, have also been studied in regard to attachment (Feeney & Noller, 2004). These couples, who were compared to married couples not planning to have children soon, were assessed on measures of sexual satisfaction, sexual communication, and they kept diaries (Feeney & Noller, 2004). Researchers discovered that secure attachment was associated with greater pleasure from physical contact, more instances of mutually-initiated sex, and greater interest in sexual experimentation, qualities which sound somewhat similar to how Schnarch (1998) expects highly differentiated couples to behave. Additional research on attachment found that securely attached individuals have the highest likelihood of sexual activity with a current partner, avoidant individuals engaged in casual sex the most often, and anxious-ambivalent females reported the greatest number of partners and different sexual experiences overall in an attempt to gain validation from others (Feeney, Noller, & Patty, 1993).

Possible Counseling Issues (e.g., Individual, Family, and/or Couple)

A variety of counseling issues may be related to clients' experiences of romance and sexuality during different developmental stages. Although younger children interact with romance and sexuality as well, adolescence is likely the time that such issues will begin to emerge. Young women, who often struggle with overcoming societal sexual objectification in order to see themselves as sexual subjects, may overemphasize romantic aspects of life and experience difficulty in getting in touch with their sexuality (Tolman, 2000). Young men are also likely to experience romance and sexuality as very separate entities but may exhibit tendencies to seek sexual intimacy over emotional intimacy (Seal & Ehrhardt, 2007).

Counseling issues regarding romance and sexuality may also be affected by clients' attachment styles. Clients displaying high attachment anxiety may engage in unsafe sex practices such as not using condoms because they are willing to sacrifice such needs to ensure they can have sex with a partner, and clients with high attachment avoidance may practice unsafe sex by having numerous sexual partners yet failing to discuss sexual histories (Schachner & Shaver, 2004). Clients might seek individual counseling due to distress from consequences from unsafe sex, such as sexually transmitted infections or an unintended pregnancy. Couples may also seek counseling because of a clash between insecure attachment styles or partners engaging in sex outside the primary relationships. Family counseling concerns can also arise if a relationship is dissolved and children are affected by it. Individuals and couples may also experience changes in their experiences of romance and sexuality as they age, such as the two becoming more or less integrated or a change in the importance of one or the other. Discrepancies in clients' orientations (restricted versus unrestricted) may also cause distress within a couple relationship or family and may result in a need for counseling.

Additional Guidelines for Counseling Practice

Whether or not clinicians intend to specialize in sexuality counseling, it is important that they become knowledgeable about romance and sexuality issues and comfortable discussing such topics with clients. Sexual assessment should be a standard part of any mental health assessment, as clients may not be comfortable bringing up sexual problems on their own or may be unsure as to whether it is appropriate to address such concerns in therapy. In addition, sexuality and romance problems may be

discussed very separately, such as a client may feel able to say that she has a desire for a romantic relationship but does not want to speak about her sexual desires, or a couple may present with a sexual problem that they believe is only sexual in nature and unrelated to romance in their relationship. Understanding the ways in which sexuality and romance interact is beneficial to clinicians in getting the whole story from clients and comprehending their experiences.

Various theoretical approaches to sexuality counseling exist, but the PLISSIT model, which incorporates permission to talk about sexuality issues, limited information and sex education, specific suggestions and interventions, and intensive therapy, provides a roadmap for therapy that allows clinicians to integrate the approach most relevant for each client (Southern & Cade, 2011). It is also important for clinicians to know how far they can progress through the PLISSIT model and still work within their scope of practice; some clinicians may be able to discuss and recognize sexual problems but need to refer clients requiring further evaluation or intensive therapy to a clinician with greater expertise (Southern & Cade, 2011). Regardless of whether they engage in sexuality counseling themselves, clinicians can still promote their clients' sexual health by providing them with resources and referrals to sex therapists if necessary.

What resources are available to help professionals learn more about this topic?

Johnson, S. M. (2004). *The practice of emotionally focused couple therapy: Creating connection* (2nd ed.). New York: Brunner-Routledge.

- An excellent resource for clinicians that draws heavily from attachment theory.

Schnarch, D. M. (1991). *Constructing the sexual crucible: An integration of sexual and marital therapy*. New York: Norton.

- Intended for clinicians, this text outlines Schnarch's unique approach to working with couples.

Schnarch, D. M. (1998). *Passionate marriage: Love, sex, and intimacy in emotionally committed relationships*. New York: H. Holt.

- Not only is this book valuable for clinicians who want to enrich the ways they approach romance and sexuality with their clients, it can also be assigned to clients as bibliotherapy.

Schnarch, D. M. (2003). *Resurrecting sex: Resolving sexual problems and revolutionizing your relationship*. New York: Quill.

- Like *Passionate Marriage*, this book is written for laypeople but is also helpful for clinicians.

The website for the American Association of Sexuality Educators Counselors and Therapists, <http://www.aasect.org/default.aspx>, is also a useful starting point for clinicians.

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Chapter 9: Sex as an Avenue for Personal Growth

By Jenna McGown

Background and Introduction

The past four decades have brought about increased awareness of the connection between the body and the mind. As this awareness has grown, researchers and theorists have expanded their understanding of human development over the course of the lifespan. One area that has been receiving attention is the role of sex and sexuality in human development. Some theorists argue that whether acknowledged or not, one's sexual encounters and the meaning one makes from them play a pivotal role in personality development and the way in which one functions in and interacts with the world (Zamanian, 2011).

In the counseling field, some professionals have broadened their perspectives on sex to view it not only as a behavior that may occur during the process of individual development, but also as a vehicle for personal growth. For the sake of this chapter, personal growth can be considered in terms of expanded perspectives, the development of new coping skills, increasing one's capacity to deepen personal relationships, and the development of both personal and social resources (Park & Fenster, 2004, p. 195).

Vandercreek, Peterson and Bley (2007) describe the World Health Organization's definition of sexual health as integrating "the physical, emotional, intellectual, and social aspects of being sexual in ways that are positively enriching and enhance personality, communication and love," (p. 6). Sex therapy has traditionally been viewed through the lens of the medical model, with an emphasis on dysfunction and treatment of symptoms (Resnick, 2004). This strictly behavioral conceptualization has created a separation of sex and personal development both in theory and in practice. Some researchers have moved away from this perspective and begun to explore the ways in which sex is intertwined with personal development. This chapter discusses the opportunity for personal growth that lies in the meaning one can make from their sexual experiences.

Review of Relevant Research

Zamanian (2011) notes that research shows that therapists often believe sexual issues should be treated by a sex specialist and are not pertinent, or even appropriate, material for psychotherapy. The idea is that symptoms from underlying issues may surface in sexual behavior, but that sex can (and should) be separated from these deeper issues and their treatment. Arguing against this perspective, Zamanian revisits Freud's idea of infantile sexuality and discusses the importance of early sexual exploration as an initial and vital lesson in emotional regulation. He posits that infants use environmental stimuli (e.g., messages from caregivers) to make meaning of the physical excitement they experience when exploring their body, and that these early sexual experiences impact their personality development.

Resnick (2004) references the "myth of sexual innocence" (p. 53) and discusses research that shows evidence of sexuality in infants beginning at birth. Resnick discusses how the cultural (USA) norm to restrict and punish children's sexual exploration, and the resulting shame and guilt that children then learn to associate with natural sexual development, may lead to "pleasure-resistance" in adults, as well as the experience of violating sexual taboos as erotic (p. 53). This "pleasure-resistance" then may be generalized to non-sexual situations. Zani (1991) discusses evidence that adolescents' initial sexual experiences may be motivated more by a drive to bolster their identity and cope with their struggle for independence from their parents, rather than simply being driven by an attempt to satisfy a primal (sexual) urge (p. 177). Thus, the meaning adolescents make from their first sexual experience may involve their striving to find and make a place for themselves in the world and develop into independent adults.

Resnick (2004) discusses a growth model of sexuality. She suggests that experiencing restriction and receiving negative messages around sex early in life may prevent individuals from developing the ability to be fully authentic as adults. Additionally, these early experiences may cause individuals to feel alienated from or have negative associations with certain physical responses or certain aspects of their body. Sex provides an opportunity for self-exploration, raising conscious awareness, accessing intrinsic resources and fostering a connection between one's body and mind.

Hill and Allemand (2010) discuss how adult development can differ among individuals depending on whether they strive for security or for novel experiences. Schnarch (1997) suggests that sexual encounters may create a space in which individuals can attempt to seek both. He discusses sex as providing an opportunity for personal growth through the Bowlbian process of differentiation, which he describes as one's ability to maintain a strong sense of self while in close proximity to others, particularly romantic partners and other loved ones. Schnarch argues that dealing with sexual conflict is an important and critical factor in the personal growth process in that it pushes individuals to confront their own unresolved issues and find new ways of coping and self-soothing. He discusses intimate, committed relationships as a particularly good context (although not necessarily the only context) for people to grow as individuals because as one's partner becomes increasingly important, one may feel increasingly compelled to compromise their own needs, desires, values, authenticity and identity out of fear of losing this person. Sexual experiences between partners can be a chance for individuals to push themselves to remain authentic while staying engaged with another person. This process of stretching oneself beyond one's comfort zone is a process of self-discovery and personal growth.

Additional Guidelines for Counseling Practice

The relatively new understanding of sex as an opportunity for personal growth has a somewhat small but apparently growing pool of information regarding practice in counseling and therapy. Resnick (2004) is a practicing Gestalt therapist and advocates addressing sexual issues from a somatic-experiential perspective using a body-centered approach. She specifically addresses the issue of lack of sexual desire for one's partner, which she highlights as the most common issue in couple's counseling (p. 61). Resnick discusses the use of breathwork and body awareness in session, and encourages her client's to use it outside of session. Her experiential techniques involve the use of touch both during therapy and for homework assignments. This approach also involves exploring pertinent family history and including some psychoeducation when appropriate.

Schnarch's (1997) approach to sex therapy involves the use of confrontation in session and offering (not assigning) multiple experiential exercises to practice outside of therapy. Schnarch also offers psychoeducation when appropriate and places a heavy focus on autonomy and choice. This approach emphasizes the process of differentiation and may also link current behavioral patterns to behavior that may have been learned in clients' families of origin. Schnarch minimizes emphasis on communication based on the idea that problems arise not because partners do not understand one another's messages, but because they are unwilling to accept them. He also does not advocate compromise as he believes it is conflict, rather than compromise, that initiates the process of differentiation.

Conceptualizing sex as a means of growth may have implications for family counseling as well as couples counseling. Parents may be in search of ways to understand and deal with their children's sexual exploration and the counselor may be in a unique position to ease parents' potential distress and help them make meaning of these situations. Counselors may also be in a position to provide some psychoeducation about the process of natural sexual development, to normalize the parents' experience, and to help parents explore appropriate and realistic ways to address the situation that can foster optimal outcomes for the whole family. Counselors may also be in a position to normalize children's encounters with sexual experiences and help them integrate these experiences into their self-

concept and development in meaningful and positive ways. When counseling individuals, the counselor may again be in a position to help their clients explore and make meaning of their sexual experiences, as well as guide and challenge them to synthesize these experiences with their self-concept in ways that promote personal growth and development.

What resources are available to help professionals learn more about this topic?

- Burns, A., Futch, V.A., Tolman, D.L. (2008). "It's like doing homework": Academic achievement discourse in adolescent girls' fellatio narratives. *Sexuality Research and Social Policy*, 8(3), 239-251. – discusses how heavy focus on achievement impacts adolescent girls' conceptualization of choice, pleasure and mutuality
- Schnarch, D. (1997). *Passionate Marriage*. New York: Henry Holt and Company, LLC. – discusses an approach to sex therapy that emphasizes personal growth and development. This book discusses his theoretical approach to sex therapy and gives definitions of important concepts, models for client conceptualizations, specific therapeutic techniques, and case studies that exemplify practical applications of his therapeutic methods.
- Resnick, S. (2004). Somatic-experiential sex therapy: A body-centered approach to sexual concerns. *Gestalt Review* 8(1), 40-64 – discusses a somatic-experiential model for the treatment of sexual issues using a Gestalt perspective. This article includes a comparison of different models for treatment, a theoretical basis for the author's perspective, a couples counseling case study, and a summary of key principles for the author's therapeutic approach.
- Heiman, J., Lopiccolo, L., Lopiccolo, J. (1976). *Becoming orgasmic: A sexual growth program for women*. Englewood Cliffs, NJ: Prentice-Hall, Inc. – provides a guide for women who have struggled with integrating their identity as a sexual individual with their self-concept and provides educational material as well as discussion about pushing oneself to expand one's understanding of oneself.
- Kimmel, M. (Ed.) (2007). *The Sexual Self*. Nashville: Vanderbilt University Press – is a compilation of essays that represent a framework of an attempt to move towards considering sexual experiences in the same ways that one might treat any other sociocultural elements of natural human development, and consider making meaning of and growing from these life events as one would with other social experiences.
- American Association of Sexuality Educators, Counselors and Therapists (AASECT) at <http://aasect.org/> is an online resource for both mental health professionals and the general public that provides information, continuing education for professionals, and additional resources on the subject of sexuality, sex health, and sex therapy.

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Chapter 10: Orgasms: Having Them, Enjoying Them By Adam Kim

Background and Introduction

The human orgasm seems to stand the test of time as one of the most intriguing yet least well understood phenomenon of our species. It has been described as elusive, spiritual, primal, genetic, magical, passionate, electric, stressful, scary, messy and mysterious. Levin (2004) argues that in order to accurately define what an orgasm is, one needs to combine definitions from psychologists, endocrinologists, physiologists, brain imagers, and the client and that even then there is still ambiguity and confusion as to what exactly constitutes an orgasm for both men and women. But what cannot be denied is the widespread interest in orgasms and the lengths both men and women will go to in order to improve their sexual experiences and reach orgasm.

Most people would agree with findings like that of Muehlenhard and Shippee (2010) who used a national British survey to find that while almost 50% of men agreed that sex without orgasm cannot be satisfying for males but only around 30% of females say sex cannot be satisfying for females without orgasm. However, there is other research like that of Sigusch and Schmidt (1971) who found that 66% of 100 women they surveyed said that they were dissatisfied and disappointed when they did not have an orgasm during sex. In fact, a survey conducted by Levin (2004) in the US found that for women, orgasmic difficulties were the second most frequently reported sexual issue. It seems that more and more research is pointing to findings like that of Waterman and Chiauzzi (1982) that male and female experiences, in terms of orgasms in relation to sexual enjoyment, are more similar than they are different.

Review of Research

While it seems to be an important and sought after issue for many people, there still seems to be many misguided ideas and biases about orgasm, especially with gender differences. It has been known in research such as that from Kinsey, Pomeroy, and Martin (1948) for some time that whereas males tend to start having orgasms very early on in their childhoods and nearly always have orgasms from sex, females tend to develop at a slower pace and about 10% of women never report having orgasms.

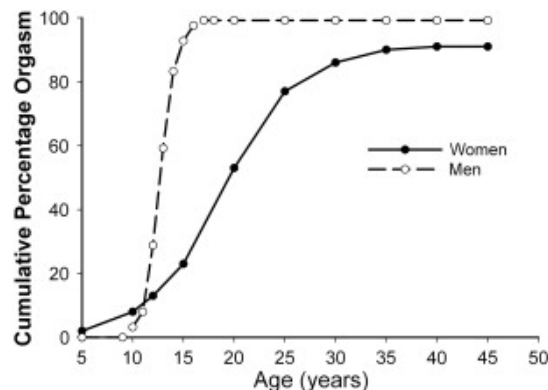


Figure 1. Occurrence of orgasm in males and females over lifespans. This graph shows the rapid onset of orgasms in males and the gradual progression in females over time.

However, the landscape of male and female sexual and orgasmic behaviors becomes more complex when one reviews research such as that done by Muehlenhard and Shippee (2010) who looked at men and women who faked their orgasms. They found that 50% of women fake orgasms in order to either end the sex, avoid hurting their partner's feelings and/or please their partner. They also found, however, that 25% of men in their study fake orgasms too for the same reasons.

Much of the research on orgasms does cover the female orgasm, as Meston's (2004) study shows that there is considerable ambiguity and debate over what constitutes a female orgasm. Wallen

and Lloyd (2010) also found that there is great variation in women for what exact physical stimulation triggers the onset of an orgasm. They state that some women orgasm from vaginal stimulation, others from stimulation of areas surrounding the vagina, some reach orgasm through stimulation from intercourse, while others need both vaginal and clitoral stimulation. They also report that some women never reach orgasm through any means

Issues for Counseling

There are many different aspects to orgasms and many different perspectives of treatment approaches. Each approach may bring with it different modes of counseling through which to administer the treatment. And while the counseling of clients about orgasms and sex should not solely be based on a medical model, it may be necessary to first address any dysfunctions or disorders that may be preventing normal sexual behavior.

Foley (2009) recognizes the inherent difficulties with treating orgasmic dysfunctions, in this case delayed ejaculations, because of the abundance of possible sources of the issue and possible treatment options. However, he recommends an integrated, intersystem approach that takes into account many different factors such as physical, psychological, social and substance use that may be contributing. Apfelbaum (2000) also recommended couples counseling and to consider the issue from a more system-based approach as the orgasmic and sexual issues affect both parties and the underlying causes may be relational.

Schnarch (1997) also seems to support this idea that sexual health and in order to fully have orgasms and to enjoy them, one must address the emotional and relational issues between the partners. He argues that physical stimulation only causes orgasms when there is sufficient meaning behind the stimulation between the partners and that the sensations must be interpreted as favorable in order to be arousing and pleasurable and lead to the best kind of orgasm.

Another issue that may need to be addressed is the idea that the only purpose of sex is to have an orgasm and that without it, there is no point to sex.

Cass (2007) stresses that in order to fully enjoy sex and orgasms, partners should focus less on the goal and enjoy the process of sex and reaching orgasm. Waterman, and Chiauzzi (1982) actually found that participants in their study actually rated their sexual experience higher when they “failed” to reach orgasm.

Additional Guidelines for Counseling Practice

Other guidelines include the idea that some education about human anatomy or sexual stimulation techniques may be helpful for some clients. For example, as Wallen and Lloyd (2011) point out, there is a longstanding view in both clinical and nonclinical settings that vaginally stimulated orgasms are developmentally and psychologically more mature and appropriate than clitoral orgasms. And since, as Lloyd (2005) explains, most women cannot achieve orgasms purely vaginally, many women have ended up feeling inferior and thinking that something is wrong with them. It may be helpful to point out that most women need other stimulation, such as through the clitoris, in order to orgasm.

Another issue that may be an area of concern is that of anxiety and how it affects orgasms. Strassberg, Mahoney, Schaugaard, and Hale (1990) remarked that performance anxiety and distress are often cited as the major cause of premature ejaculation. Costa and Brody (2011) found in their study that there is evidence that an anxious attachment style is partly associated with an inability to achieve orgasm vaginally. Concurrently, Beaber and Werner (2009) found that women with anxiety disorders reported less sexual activity, lower frequency of sexual desire and reported being less sexually satisfied than women without anxiety disorders. Schnarch (1997) provides a threshold model for orgasm where both physical and emotional/mental stimulation combine in order to increase overall sexual arousal to cross a threshold to orgasm. However, anxiety can reduce this total stimulation level to where one

may just barely orgasm or not even cross the threshold at all. Finding ways of addressing anxiety may be a helpful approach of assisting clients have and enjoy their best orgasms.

Resources

Books

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Website

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Chapter 11: Sexual Self-Esteem

By Lindy Snyder

Background and Introduction

Self-esteem literature suggests that individuals evaluate different aspects of the self differently. Sexual self-esteem is one of the many components that make up a person's global self-esteem, but sexual self-esteem reflects feelings, thoughts, and experiences that a person has about their sexual self (Zeanah & Schwarz, 1996). Sexual self-esteem is defined as the, "value that one places on oneself as a sexual being, including sexual identity and perceptions of sexual acceptability" (Mayers et al., 2003, p.207). Although sexual self-esteem contributes to one's global self-esteem, it is separate, as peoples' evaluations of themselves can be different across different aspects of the self, like gender or educational identity. Someone could have a lower global self-esteem while still maintaining a relatively high sexual self-esteem or may have a positive view of themselves in most aspects of their life, but may feel very insecure when it comes to their sexuality (Oattes & Offman, 2007). "Because sexuality is multidimensional and multi-determined, it also makes sense that individuals may evaluate the self on different aspects of one's sexuality (Zeanah & Schwarz, p. 2)."

Empirical evidence suggests that there are five dimensions of sexual self-esteem (Zeanah & Schwartz, 1996). Zeanah and Schwartz (1996), who define sexual self-esteem as, "a woman's affective reactions to her subjective appraisals of her sexual thoughts, feelings, and behaviors (p. 2)," hypothesized that Skills and Experience, Control, Attractiveness, Adaptiveness, and Moral Judgment are the five domains of sexual self-esteem. Skills and Experience is the evaluation of a person's ability to please or be pleased by a sexual partner. The Control dimension is the evaluation of a person's ability to control their sexual thoughts, behaviors, and feelings. Attractiveness is the evaluation of one's sexual attractiveness while Moral Judgment is the evaluation of how one's sexual thoughts and feelings line up with their own standards morally. The last of the five dimensions, Adaptiveness, is the evaluation of how compatible a person's sexuality is with their other life goals. Each of these five domains contributes to the overall sexual self-esteem (Zeanah & Schwartz, 1996).

Authors Andersen and Cyranowski (1994) have a different idea about the components of sexual self-esteem. They define sexual self-esteem as, "sexual aspects of oneself that are derived from past experience, manifest in current experience, influential in the processing of sexually relevant social information, and guide sexual behavior (p. 1079). They viewed sexual self-esteem as having three components, "an inclination to experience passionate-romantic emotions, a behavioral openness to sexual experience, and a negative aspect- embarrassment or conservatism (Mayers et al., p. 270)."

The concept of sexual self-esteem has not been well represented in the literature. The few areas where it has shown up are women's issues, sexual trauma, adolescent psychology, disability, and weight issues literature (Mayers et al., 2003). It is usually studied in relation to a very specific population, for example, sexual self-esteem in spinal cord injury patients (Potgeiter & Khan, 2005) or date rape and its relationship to sexual self-esteem (Shapiro & Schwarz, 1997). Illness, infertility, childhood sexual abuse, adult sexual coercion or victimization, and living with a physical disability are factors that may have a negative impact on sexual self-esteem (Menard & Offman, 2009). Even less research has been done focusing on the factors that could positively affect sexual self-esteem. A sexual self-esteem scale, Sexual Self-Esteem Inventory for Women, was developed by Zeanah and Schwarz (1996) to measure sexual self-esteem in women. The 81-item measure, representing the five dimensions of sexual self-esteem, is commonly used in the sexual self-esteem research. It has also been validated with male participants (Menard & Offman, 2009). Men and women tend to differ in the extent to which their sexual self-esteem correlates with sexual behaviors and attitudes (Bailey, Hendrick, & Hendrick, 1987).

Review of Relevant Research and Possible Counseling Issues

Sexual self-esteem is strongly correlated with a person's sexual satisfaction, something that is associated with a greater sense of well-being, relationship satisfaction, and physical health (Menard & Offman, 2009). Individuals with higher sexual self-esteem are thought to be more sexually assertive, which can increase sexual satisfaction.

Low sexual self-esteem has been shown to significantly interfere with a male's sexual arousal in a study where anxiety designed to mimic effects of low sexual self-esteem was induced (Menard & Offman, 2009). It is important that counselors are aware of this relationship between sexual self-esteem and sexual satisfaction and performance, especially with the high rate of sexual dysfunction and distress in the general population. "Sexual satisfaction and performance could be increased by targeting sexual self-esteem (Menard & Offman, 2009)."

Communication is also an important factor in sexual satisfaction (Oattes & Offman, 2007). Both global and sexual self-esteem are related to one's ability to communicate satisfying sexual behavior to a partner, but sexual self-esteem seems to be a better indicator of this ability (Oattes & Offman, 2007). "Individuals seeking help in expressing sexual wishes and desires may benefit from attention to issues associated with sexual self-esteem and not just the broader issues of self-worth represented in global self-esteem (Oattes & Offman, p. 98)." The likelihood of communicating specifically about sexually transmitted infections and past sexual history with one's partner is linked to sexual self-esteem as well (Rosenfeld, 2004). Certain subscales from Zeanah and Schwarz's (1996) model of sexual self-esteem were related to sexual communication. The subscale for attractiveness was negatively correlated, while the subscale for morality was positively correlated (Rosenfeld, 2004). "Individuals who feel that they are acting in a morally acceptable way sexually would endorse behaviors protective of their sexual health" (p. 101), like communicating about sexually transmitted infections. People who believe that they are sexually attractive are less likely to communicate with their sexual partner.

Other research on sexual self-esteem has indicated that women who have been the victims of date rape have significantly lower sexual self-esteem in Moral Judgment, Control, and Adaptiveness than those who had never been raped. (Shapiro and Schwartz, 1997). Also, lower sexual self-esteem in the dimensions of Moral Judgment and Control has been found in women who have experienced childhood sexual abuse (Van Bruggen, Runtz, and Kadlec, 2006). In another study, lower sexual self-esteem was shown to be a result of childhood sexual abuse with sexual penetration. The lowered sexual self-esteem then leads to sexual re-victimization, periods of sexual withdrawal, more casual sex, and sexual relationships that are experienced as less rewarding and more costly (Lemieux & Byers, 2008). These results support the notion that low sexual self-esteem is, "one of the psychological mechanisms and processes by which sexual abuse experiences in childhood precipitate, magnify, or sustain sexual problems in adulthood (Lemieux & Byers, p. 140)." The authors of this study propose several possibilities as to how sexual self-esteem leads to the sexual outcomes from their research. They hypothesize that low sexual self-esteem in women who have experienced childhood sexual abuse may lead them to look for sexual relationships to feel better about oneself, leading to higher rates of casual sex behaviors. For other women who have experienced childhood sexual abuse, avoidance of all sexual activity for some time would be understandable. Ability to enjoy sexual experiences may be hindered for women with low sexual self-esteem, leading to higher sexual costs and lower sexual rewards. Engaging in casual and risky sex behaviors and experiencing fewer sexual rewards and more sexual costs could also lead to poorer sexual self-esteem (Lemieux & Byers, 2008).

Qualitative research has shown that sexual self-esteem, or the value one places on themselves as a sexual being, is damaged by sexually insulting actions or statements (Mayers et al., 2003). It will be important for counselors to work through these significant emotional injuries with their clients because they can affect the individual's future sexual choices, attitudes, and behaviors (Mayers et al., 2003). The impact that the negative event will have is different for different people. Some individuals

may experience reduced feelings of attractiveness and lessened interest in sexual activity while others may react with humiliation or feel shame and may change their behavior. According to the author of this study, the impact that the negative event has on a person's sexual self-esteem can actually develop into a disability for some individuals, although it is not understood why the disparity in impact of negative events on different peoples' sexual self-esteem exists. (Mayers et al., 2003). Damage to one's sexual self-esteem could potentially be self-induced if a person acts in a way that results in embarrassment, self-disgust, humiliation, and loathing, and diminished sexual self-esteem can occur (Mayers et al., 2003).

A critical incident study of what helps or hinders female sexual self-esteem was performed with 17 heterosexual, pre-menopausal women engaged in continuous long-term relationships (Heinrichs et al., 2009). The results indicate that females are helped in their sexual self-esteem through: the experience of a loving, open, stable, and respectful relationship with their partner, confidence in self and autonomy, openness and comfort about sexuality, advances, attention or interest from males, enhancement of and satisfaction with physical appearance, positive modeling of relationships, self-defined positive sexual choices, sexual empowerment, bonding through crisis, understanding the needs of their partner, dealing with the past, and relief from physical, emotional and mental symptoms (Heinrichs et al., 2009). Females may be hindered in their sexual self-esteem through disrespect and judgment from partners and others, lack of openness and appropriate positive education about sexuality, physical changes and the female sexual cycle, distractions of life stressors, cultural or societal expectations, dissatisfaction with physical appearance, inhibition, autonomy, self confidence, and emotions, difficulties with physiological and emotional arousal, being used sexually, guilt, abuse, experience of depression or depressed mood, lack of interest from partner, feeling dirty or shamed about their sexuality, selfishness and negative attitudes, partner's sexual inhibition, and experience of having a sexually transmitted disease (Heinrichs et al., 2009).

Although the results of this study and the factors that help and hinder self-esteem can't be generalized to females who are not heterosexual, pre-menopausal, those in long term relationships or to males, this information gives counselors specific areas to look into with clients who may be struggling with their sexual self-esteem (Heinrichs et al., 2009).

Additional Guidelines for Counseling Practice

Although there is no specific intervention to help increase a person's sexual self-esteem, it will be important for counselors to explore clients perceptions of themselves as sexual beings, especially if they are dealing with any of the factors that are associated with diminished sexual self-esteem in the research including illness, infertility, and having been the victim of childhood sexual abuse or adult sexual coercion or victimization. Counselors may consider using an empirically validated scale of sexual self-esteem, like the Sexual Self-Esteem Inventory, to help them measure where their client is with each of the five dimensions that contribute to the individual's overall level of sexual self-esteem. Understanding sexual self-esteem may help a counselor in conceptualizing the problems their clients are experiencing when it comes to sexual satisfaction and performance or sexual communication. For clinicians working with clients who have been victims of childhood sexual abuse, being knowledgeable about how a person's perceptions of themselves sexually can influence their future actions and relationships is the key to having an understanding of how sexual problems in adulthood are precipitated and maintained for those who have experienced sexual trauma and abuse earlier in life. Overall, by facilitating open and understanding discussions into a person's sexual self-esteem, both men and women are given a medium to explore and process the sexual aspects of their life (Mayers et al., 2003).

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