

ATHASBASCA UNIVERSITY

LET'S TALK ABOUT SEX:
COUNSELLORS' EXPERIENCES OF ACTIVELY INTEGRATING SEXUALITY
INTO COUNSELLING PRACTICE

BY

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Approval of Thesis

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**“Let's Talk about Sex: Counsellors' Experiences of Actively Integrating
Sexuality into Counselling Practice”**

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Stand up everybody, this is your life
Let me take you to another world, let me take you tonight
You don't need no money, you don't need no clothes
The second coming, anything goes
Sexuality is all you'll ever need
Sexuality, let your body be free

C'mon everybody, yeah, this is your life
I'm talking about a revolution we gotta organize
We don't need no segregation, we don't need no race
New age revelation, I think we got a case

I'm okay as long as you are here with me
Sexuality is all we ever need

Reproduction of a new breed, leaders, stand up, organize

-*Sexuality*, Prince (1981)

Dedication

For my parents, Tajinder and Tarlochan.

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Abstract

Creating a bricolage of a narrative conceptual lens and thematic analysis of the data, this inquiry explored the experiences of three Canadian counsellors who actively integrated sexuality into counselling and aimed to add to the literature by answering the following question: *What are the experiences of counsellors who actively integrate sexuality into their counselling practice?* Two broad overarching stories emerged from the data: (a) counsellors' practice of integrating sexuality into counselling (including themes of conceptualizing sexuality, nature of practice, barriers, and development) and (b) counsellors' experiences of this practice (experiences, development, and observations of clients' issues and experiences). The findings may help address gaps in sexuality counselling by encouraging counsellors' comfort and competence through training. The study was limited by not investigating the experiences of counselling students or clients. Future research may evaluate the effectiveness of sexuality training of counselling students and practicing counsellors.

Keywords: Thematic analysis, sexuality counselling, sexuality training, bricolage, narrative lens

Preface

As a manuscript-style thesis, there are two journal articles embedded in Chapter 4 for which authorship is shared with my thesis supervisor. I am the primary author for both papers because the papers are based on the work that I initiated and completed in the conceptual and methodological design of the study, the data collection and interpretation processes, and the primary writing of the manuscripts. These manuscripts have been submitted for publication.

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Chapter 1: INTRODUCTION

Sexuality remains a taboo topic even within the personal and intimate processes of counselling (Byers, 2011). As sexuality is a core component of wellness (Mallicoat, 2012), clients will likely present directly or indirectly with sexuality issues. Whether counsellors are able to identify, address, and integrate sexuality into counselling is dependent on their competence, comfort, training, (Cupit, 2010; Haag, 2008; Meritt, 2011; Miller & Byers, 2012), and beliefs about sexuality (Byers, 2011; Harris & Hays, 2008; LoFrisco, 2013; Maguire, 2005).

In this study, I examined the experiences of counsellors who have actively integrated sexuality into their counselling, aiming to better understand the practice, the counsellors' development of the practice, and how the practice affected the counsellors professionally and personally. This qualitative study aimed to answer the following question: *What are the experiences of counsellors who actively integrate sexuality into their counselling practice?*

I collected data via audio-recorded, guided, and unstructured interviews of three Canadian counsellors. The counsellors possessed different counselling training backgrounds yet shared in common their practice of actively integrating sexuality into counselling. I designed interviews to stimulate the counsellors' sharing of their lived experiences of actively integrating sexuality, such as how they practice integrating sexuality into counselling, how they developed this practice, and who they are in regards to practicing this way. Using a narrative lens and applying a thematic analysis, themes emerged that I divided into two larger groups to generate two main storylines about the counsellors' experiences of integrating sexuality into counselling. The first broad theme

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focuses on the practice of actively integrating sexuality into counselling. The second broad theme focuses on the experiences of counsellors and their perceptions of clients' experiences regarding this practice. In addition to sharing the words and experiences of the study's participants, I also share my own lived experiences as a new counsellor and researcher and how I came to frame this research question.

The findings and implications of this study can inform the training and education of graduate counselling students and practicing counsellors in integrating sexuality into counselling practice in ways that support clients and the sociocultural development of healthy sexuality.

Problem Statement

Counsellors are not talking about sexuality with their clients despite identifying that sexuality issues consistently arise in their counselling (Byers, 2011; Giami & Pacey, 2006; Reissing & Di Giulio, 2010) and that they view sexuality as a core component of wellness (Mallicoat, 2012). When counsellors do not address sexuality issues with clients, they perpetuate sociocultural discourses of shame, stigma, and oppression that contribute to sexuality issues (Byers, 2011; Harris & Hays, 2008; LoFrisco, 2013; Meritt, 2011; Ng, 2006).

Literature Review

Clients are likely to present with sexuality related issues in counselling because sexuality is a core component of wellness. As an integral aspect of human functioning, sexuality includes mental, physical, emotional, and spiritual dimensions, and spans across the lifetime (Byers, 2011; World Health Organization [WHO], 2010). Therefore, client sexuality concerns may arise in counselling practice directly or indirectly when connected

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to other presenting issues (Bogey, 2008; Byers, 2011; Ford & Hendrick, 2003; Giami & Pacey, 2006; Harris & Hays, 2008).

Counsellors are often seen as the helping professionals of choice to talk about sexuality issues. Both individuals and other health professionals may seek out psychologists when faced with a sexuality issue because they are perceived as sexuality and/or relationship experts (Haboubi & Lincoln, 2003; Harris & Hays, 2008; Reissing & Di Giulio, 2010). Pukall (2009) noted that client demand for sex therapy services and counsellor demand of sexuality counselling training predict a continued demand for sexuality counselling services. Perceptions that counsellors are sexuality experts may be related to the historical roots of the field of psychotherapy, specifically to Freud's psychosexual theory (Berry, 2012; Berzoff, 2011; Freud & Chase, 1925). Indeed, counsellors may be the best fit to discuss sexuality concerns given that sexuality is interrelated with other aspects of life and presenting issues (WHO, 2010): counsellors are more likely to take a holistic and wellness approach rather than a dysfunction or biomedical approach to sexuality issues compared with other helping professionals, including sex therapists (Mallicoat, 2012; Southern & Cade, 2011).

Sexuality issues are prevalent presenting concerns for clients. In their survey of 188 practicing psychologists in one Canadian city, Reissing and Di Giulio (2010) demonstrated that sexuality issues consistently occurred within psychologists' practices. However, many counsellors do not explore issues of sexuality with clients, do not initiate conversations, or even avoid talking about sexuality. Reissing and Di Giulio found that 60% of the Canadian psychologists surveyed rarely, if ever, ask clients about sexuality topics. It appears that, although counsellors identify the need for sexuality training, very

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few are initiating conversations with their clients (LoFrisco, 2013; Reissing & Di Giulio, 2010). Miller and Byers (2010) reported similar findings: only about 21% of Canadian and American clinical or counselling psychologists ask their clients about sexuality issues. Differences in approaches to sexuality may exist between individual-, couples-, and family counsellors. Couples counsellors, for example, broached the topic of sexuality with about 50% of their clients and more often with couples than with individual clients (LoFrisco's, 2013).

Ambiguity about their own professional roles and boundaries and the growing biomedical perspective on sexuality problems may hinder counsellors from initiating conversations about or addressing clients' sexuality concerns (Mallicoat, 2012). Mallicoat (2012) observed that many counsellors view sexuality counselling as a specialization, not as a core competency. Unfortunately, this leads to many counsellors referring clients to sex therapists and not raising the subject directly (LoFrisco, 2013; Mallicoat, 2012; Southern & Cade, 2011).

The field of sex therapy has been highly medicalized, leading to the view that sexual issues are isolated, organic problems that require biologically based, medical interventions (Giami & Pacey, 2006; Kleinplatz, 2013; Mallicoat, 2012; Nasserzadeh, 2009), which must be addressed by specialists (Krenzel, 2011; Nasserzdeh, 2009; Southern & Cade, 2011). Confusion thus occurs for counsellors and clients about the role of sex therapists (Krenzel, 2011; Nasserzadeh, 2009; Southern & Cade, 2011). Additionally, existing divisions persist between the disciplines of sex therapy and psychology (Binik & Meana, 2009; Ng, 2006). Historical and paradigmatic shifts led to the removal of sexuality from psychology and to a specialization of sex therapy/sexology

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that includes a biomedical model of sexuality. Reliance on such approaches perpetuates the perspective that sexuality issues are isolated, focus solely on the physiological, and are best addressed with biomedical approaches (Berry, 2012). Pukall (2009) argued that the term *sex therapy* signals discomfort with sexuality, resulting in the specialization of sex therapy. Pukall explained that sex therapy is a part of general therapy, just as sexual education is a part of education, and sexual health is a part of general health. Binik and Meana (2009) also argued that viewing sex therapy as a specialization requiring specialized training perpetuates the societal discomfort with sexuality.

Counsellors' lack of inquiry about clients' sexuality concerns may reflect their lack of comfort and competence. Counsellors may refer clients to specialists, such as sex therapists, due to their lack of comfort, willingness, and training (Byers, 2011; Cupit, 2010; Haag, 2008; Harris & Hays, 2008; Meritt, 2011; Miller & Byers, 2008, 2009; Pukall, 2009). LoFrisco (2013) conceptualized counsellor failure in addressing sexuality issues from a systemic theory perspective and related it to external factors such as family or society. For example, counsellors live in the same sociocultural environment as their clients, and they are also affected by the dichotomy of hypersexualization and sexual shame. They may have internalized shame-based attitudes and discomfort about talking about sexuality (Buehler, 2013; Byers, 2011; Harris & Hays, 2008; LoFrisco, 2013; Maguire, 2005). Comfort with addressing clients' sexuality concerns was related to (a) counsellors' view that sex is a bonding activity rather than an activity exclusively for reproductive purposes (Cupit, 2010), (b) conceptualizing sexuality as holistic and a component of wellness (Mallicoat, 2012), and (c) counsellors' ability to reflect on sexuality (Buehler, 2013). Counsellors' comfort addressing client sexuality concerns was

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also related to the amount of training and supervision received regarding sexuality concerns (Giami & Pacey, 2006; Harris & Hays, 2008; LoFrisco (2013).

Counsellors' lack of comfort and competence in addressing sexuality issues often reflects their lack of training and preparation to provide sexuality counselling. Training and perceived comfort to address sexuality issues are the greatest indicators of counsellors' willingness to discuss sexuality issues with their clients (Cupit, 2010; Haag, 2008; Meritt, 2011; Miller & Byers, 2009). Without adequate training, counsellors will not feel comfortable addressing clients' sexuality concerns (Cupit, 2010). Wide inconsistencies exist in both training format and coverage of sexuality topics in the preparation and training of graduate level counselling and psychology students (Miller & Byers, 2010; Reissing & Di Giulio, 2010). Of the sexuality training that is provided, a bias exists towards negative sexuality topics rather than healthy sexuality topics (Miller & Byers, 2010).

The Council for Accreditation of Counseling [*sic*] and Related Educational Programs (CACREP, 2016) in the United States requires a human sexuality counselling course as an element of master's-level training only for marriage and family therapists. Timm (2009) provided permission to beginning marriage and family therapists to address sexuality with their clients and suggestions on how to do it. Many counsellors, who don't have this specific training designation, are not adequately prepared for sexuality counselling (LoFrisco, 2013). The accreditation standards of the Canadian Counselling and Psychotherapy Association (CCPA, 2002), which are designed for generalist counsellor education programs, do not mention sexuality at all, apart from the inclusion of sexual orientation as a component of diversity.

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The more comprehensive and integrated sexuality training is in graduate programs, the more likely counsellors are to feel comfortable and competent in initiating conversations about sexuality, to address sexuality in their assessments, and to possess skills to provide interventions when necessary (Cupit, 2010; Haag, 2008; Harris & Hays, 2008; Mallicoat, 2012; Meritt, 2011). Integrating sexuality training into all aspects of graduate level education, such as instruction, independent study, observational learning, and supervision, would solidify learning and increase skill competency (Mallicoat, 2012; Miller & Byers, 2008; Reissing & Di Giulio, 2010). Supervision, mentorship, and role modeling were considered the most significant modes of training counsellors and increasing their comfort with sexuality concerns (Cupit, 2010; Giami & Pacey, 2006; Harris & Hays, 2008; LoFrisco, 2013). Developing comfort and obtaining training regarding sexuality issues in counselling will help counsellors and the counselling field integrate sexuality. Pukall (2009) succinctly stated that the "key to being a good sex therapist is to be a good therapist overall *and [sic]* and to be comfortable dealing with sexual issues" (p. 1040).

Despite counsellors' tendency to exclude sexuality from counselling, they identify sexuality as a holistic and core component of wellness. Studies revealed that program directors of graduate psychology programs (Asher, 2007; Wiederman & Sansone, 1999), graduate psychology students (Haag, 2008; Meritt, 2011), practicing psychologists (Harris & Hays, 2008; Miller & Byers, 2008; 2010; Reissing & Di Giulio, 2010; Timm, 2009), and other health professionals (Haboubi & Lincoln, 2003; Weerakoon, Sitharthan, & Skowronski, 2008) agree on the importance of sexuality for human functioning and the necessity of training for health professionals working with clients. A survey of 105

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clinical and counselling Canadian psychologists found that 85.7% wanted more education and training on sexuality problems that occur within therapy and obtained training through self-directed reading and continuing education (Miller & Byers, 2009). Mallicoat (2012) found that counsellors viewed sexuality as holistic, from a developmental perspective, and as a core component of wellbeing. Counsellors also identified the importance of supporting clients regarding sexuality and the necessity for increased training on sexuality (Mallicoat, 2012).

Not addressing sexuality is problematic because it perpetuates the very conditions that contribute to the sexuality issues that clients bring to counselling. Societal and cultural factors contribute to the pervasiveness of sexuality issues, such as lack of sexual communication and education, resulting in poor knowledge and sexual satisfaction (Byers, 2011; Meritt, 2011; Ng, 2006). Byers (2011) described inadequate sexual communication as permeating society and various relationships, such as between parent and child, between sexual partners, and between health practitioners and clients. Additionally, polarized attitudes continue to dichotomize sexuality, such as hypersexualization and sexual oppression, creating a culture of extremes (Harris & Hays, 2008). Authors studying couples counsellors warned about the potential for counsellors to perpetuate client symptoms related to sexuality issues, such as shame, when counsellors experience anxiousness in the presence of clients when discussing sexuality (Harris & Hays, 2008; LoFrisco, 2013) or through their nonverbal behaviours (LoFrisco, 2013). Lastly, not taking an integrative approach to sexuality in counselling is also problematic because it perpetuates the societal sexual discomfort that contributed to the development of the specialization of sex therapy (Binik & Meana, 2009; Pukall, 2009).

The Study

Purpose of Inquiry

The purpose of this study, which applied a narrative lens to thematic analysis, was to explore the experiences of counsellors who actively integrate sexuality discussions with clients into counselling practice.

Significance of Inquiry

In the narrative inquiry tradition, Clandinin (2013) explicated that researchers must justify their studies: (a) personally, such as why the study matters to them as an individual; (b) practically, such as how the research will affect practice; and (c) socially or theoretically, such as how the research will contribute to social justice or theoretical advancement. I provide justification for this inquiry using Clandinin's guidelines. First, I reflect on the reasons that this study matters to me.

- (a) I believe that sexuality is an integral, core component of wellness, which must be supported to create healthy individuals and communities.
- (b) I believe some dominant discourses about sexuality are negative, unhealthy, unrealistic, oppressive, and harmful. Counsellors must counter unhealthy discourses at the personal and professional levels, and with individual clients and systemically as part of their professional role.
- (c) I believe in praxis, the relationship between research and action. I hope that this project has generated results that can aid the development of healthy and holistic discourses about sexuality within counsellors' practice and within larger sociocultural discourses about sexuality.

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There are also practical, social, and theoretical justifications that an inquiry into counsellors' stories of actively integrating sexuality into counselling can help identify:

- (a) How counsellors can effectively integrate sexuality conversations in a safe, comfortable, and effective manner with clients;
- (b) How counsellors can support clients in developing a holistic and wellness-focused perspective of their sexuality, as well as greater comfort and understanding of the diversity and complexity of others' sexuality;
- (c) How counsellors can challenge oppressive discourses of sexuality as shameful with discourses of wellness, wholeness, and normalization;
- (d) How counsellors can be best trained to recognize, address, and integrate sexuality conversations into their counselling process; and
- (e) How counsellors can be best supported from within the field when doing such work.

Definitions

For the purpose of this study, I used the following definitions.

Sexuality. To define sexuality holistically and broadly I used the World Health Organization's [WHO] (2010) working definition of sexuality:

. . . a central aspect of being human throughout life [that] encompasses sex, gender identities and roles, sexual orientation, eroticism, pleasure, intimacy and reproduction. Sexuality is experienced and expressed in thoughts, fantasies, desires, beliefs, attitudes, values, behaviours, practices, roles and relationships. While sexuality can include all of these dimensions, not all of them are always experienced or expressed. Sexuality is influenced by the interaction of biological,

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psychological, social, economic, political, cultural, legal, historical, religious and spiritual factors. (Defining Sexual Health section, para 4)

Counsellor. For the purpose of this research study, counsellors were individuals who had completed graduate level education in counselling or counselling psychology and were registered with a provincial or national counselling/psychology regulatory body.

Active integration of sexuality into counselling practice. Counsellors who actively integrate sexuality into their counselling practice identified and/or advertised as possessing an interest or expertise in sexuality issues. Such counsellors were not sex therapists or sexologists, but rather had a broad practice in counselling into which sexuality is integrated, and may have possessed additional training in sex therapy and/or sexology. They actively addressed several sexuality issues in their work, such as relationships, sexual functioning, sexual dysfunctions, sexual health, sexually transmitted infections (STIs), body image, beliefs and values regarding sexuality, sexual trauma, sexual orientation, gender identity, and pregnancy. Actively integrating sexuality into counselling was defined as addressing sexuality, assessing for sexuality-related issues, and attending to clients' wishes to explore sexuality topics within counselling.

Research Question

This qualitative study was driven by the following research question: What are the experiences of counsellors who actively integrate sexuality into their counselling practice?

Chapter 2: METHODOLOGY

I begin by contextualizing myself in this inquiry as a researcher. Second, I provide a description of qualitative research and the conceptual frameworks undergirding this study. Third, I explain the study design, data interpretation, and data write-up. I end with a discussion of rigour and ethical considerations regarding the inquiry.

Researcher in Context

Qualitative research requires the researcher to situate themselves in the research process by considering how their own personal history, orientation to research, and conceptions to self, ethics, and politics shape the inquiry (Creswell, 2013; Denzin & Lincoln, 2011). Narrative research has approached the contextualization of the researcher through autobiographical writing completed prior to beginning the study and encouraging reflexive journaling throughout the research process (Clandinin, 2013; Denzin & Lincoln, 2011; Freeman, 2007). Clarke and Braun (2013b) similarly suggested that researchers begin by reflecting on the assumptions they may hold about the research topic and how their values and life experiences might affect their interpretations of the data.

My interest in how counsellors actively integrate sexuality into counselling has flowed from my own professional experiences of working in the sexual health promotion field, primarily in community-based organizations with feminist roots, before beginning postgraduate education in counselling psychology. In the roles of sexuality educator and counsellor, I had the opportunity to participate in many conversations with coworkers and clients that challenged, broadened, and deepened my understanding of sexuality and positively affected the way I approach the topic of sexuality, counselling, and client engagement. I believe that these conversations also contributed to discussions of

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sexuality as healthy, holistic, and something that can be talked about in normalizing ways (Byers, 2011). These experiences contrasted with those in my graduate counselling program where, from my observations, sexuality was rarely addressed in ways that encouraged students to develop self-awareness of personal biases and values that could affect their counselling practice and relationships with clients. I realized that I was privileged to have such earlier professional experiences in light of the lack of consistent sexuality training provided to counsellors (Krenzel, 2011; Mallicoat, 2012; Miller & Byers, 2010, Reissing & Di Giulio, 2010).

My interest in this study and the assumptions that I bring to it are also shaped by academic interests, such as majoring in women's studies in my undergraduate degree and postgraduate training in counselling psychology. These areas of study supported the development of critical analysis skills and fostered my feminist identity and lens. For example, I view sexual oppression as intersecting with oppression of gender, ethnocultural and racial identity, socioeconomic status, and physical ability. A critical feminist lens shapes my focus on the ways economic, political, and familial contexts can hinder and/or assist the achievement of sexual wellbeing (McCave, Shepard, & Winter, 2014). This lens also helps me see how sexual oppression is often mirrored and perpetuated in counselling practice and the counselling field. McCave, Shepard, and Winter (2014) argued that the social work field's response to human sexuality has reflected larger cultural norms and values of sexuality, including control over sexuality through the internalization of discourses on normal and abnormal sexuality, sexual shame, and sexual stigma. The authors also argued that services (e.g., counselling) perpetuate

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sexual oppression when they are based on erroneous assumptions, personal judgments, or avoiding sexuality topics (McCave et al., 2014).

These personal experiences, values, and political views have affected my interpretation of the data. Regarding the research topic, I assume that sexuality is a healthy, normal, and integral part of life (Byers, 2011; WHO, 2010). I also assume that sexuality is often a locus of oppression that intersects with other forms of oppression that contribute to the marginalization of individuals belonging to specific groups (McCave et al., 2014). Lastly, I assume it is beneficial for clients, counsellors, the counselling field, and society for counsellors to openly talk about sexuality with their clients and address sexual oppression. Through this process of talking about sexuality within counselling, dominant discourses of sexuality that are negative, unhealthy, and oppressive can be deconstructed, making room for the construction of new discourses based on normalization, health, and wellness.

Qualitative Research

Qualitative research offers an opportunity to study the lived and everyday experiences of counsellors actively integrating sexuality into their practice in a rich and in-depth manner that can capture the complexity of the phenomenon (Denzin & Lincoln, 2011). Ontologically, the position of qualitative research is one of “embracing of multiple realities” (Creswell, 2013, p. 20) and multiple ways of knowing (Clarke & Braun, 2013a). The epistemology of qualitative research “means that researchers get as close as possible to the participants being studied” (Creswell, 2013, p. 20), which is demonstrated in the presentation of multiple voices, perspectives, and the words of participants (Creswell, 2013). Axiological assumptions include my values and how they have influenced this

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study (Creswell, 2013), such as those explicated in the above section on the researcher in context.

The limited research on counsellors' approaches to sexuality counselling has been mainly quantitative (Asher, 2007; Miller & Byers, 2008, 2009, 2010, 2012; Nathan, 1986; Wiederman & Sansone, 1999). This has provided a context for framing this research study; however, quantitative research does not provide a thorough understanding of the complexity of the phenomenon of counsellors choosing to actively integrate sexuality into counselling practice. A recent mixed-methods study examined counsellors' perceptions of their comfort in addressing client sexuality issues and how those perceptions were affected by supervisor support (LoFrisco, 2013).

Several qualitative studies have added richness to the understanding of counsellors' practice regarding sexuality (Krenzel, 2011; Mallicoat, 2012; Ng, 2006). According to Krenzel (2011), a lack of consensus exists on the minimum qualifications, skills, and knowledge that sexuality counsellors possess. She observed that such confusion stems from the definition of sexuality counsellors offered by the American Society of Sex Educators, Counselors [*sic*] and Therapists (ASSECT), an interdisciplinary professional organization, which overlaps with their definitions of sexuality educators and sexuality therapists. Krenzel also argued that confusion stems from the overlapping roles of sexuality educators, counsellors, and therapists. Conducting a content analysis of job descriptions involving sexuality counselling, Krenzel found that ASSECT requirements for sexuality counsellor certification were inconsistent with the job requirements listed in job descriptions for sexuality counsellors, primarily that ASSECT required "much more sexuality-related skills, values, knowledge, and education

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than what is required in the job descriptions” (p. 116). This study found that sexuality counsellors have three roles: (a) providing short-term and problem-focused counselling to individuals and groups on a variety of sexuality issues, (b) providing education on sexuality issues, and (c) providing referrals to specialists and specific programs.

Notably, Krenzel’s study found it rare for counsellor training programs to offer both sexuality training and counselling training, and highlighted the importance of providing counselling students with opportunities for sexuality training. This study suggested that training programs for sexuality counsellors should focus first on providing counselling skills and then provide training on sexuality-related knowledge. Mallicoat’s (2012) phenomenological study focused on the meaning of the words *sexuality* and *sexuality counselling* from counsellors’ perspectives, which she argued could be used to develop a *wellness model* of sexuality in working with clients. A theme that arose in Mallicoat’s study, connected to Krenzel’s (2011) research, is that sexuality training for counsellors is insufficient.

Feeling ill-prepared for sexuality-related counselling was also a theme in Ng’s (2006) exploratory study of psychotherapists who specialized in sexuality, such as sex therapists. Ng demonstrated that even practitioners with an interest in sexuality specialization who have gained expertise in the area often feel ill-prepared to work on a host of sexuality issues, which they related to inadequate training. Ng’s participants reported divisions within the disciplines of sex therapy and psychology as contributing factors to feeling under-prepared and professionally under-supported when providing counselling on sexuality issues. These three studies have added to our understanding of counsellor’s conceptualizations of sexuality (Mallicoat, 2012); the experiences of

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specialists such as sex therapists (Ng); and the differences between sexuality educators, sexuality counsellors, and sex therapists (Krenzel, 2011). However, no qualitative research studies exist on counsellors' experiences of actively integrating sexuality into their counselling practice.

I chose a qualitative inquiry into counsellor's experiences of actively integrating sexuality into their counselling practice because I wanted participants to be understood as experts of their own experience and of the phenomenon of this inquiry. I aimed to address gaps in the literature by directly drawing from the counsellors doing this work. It is from these voices, these experts, that we can deepen our understanding of how counsellors actively integrate sexuality into counselling, their development of this practice, and how they are affected by it.

Qualitative research findings may be more meaningful and representative of participants' experiences (Clarke & Braun, 2013a; Creswell, 2013). It is from these experts' lived experiences that counsellors can springboard and further develop their own practice of actively integrating sexuality into their counselling.

Conceptual Frameworks

The conceptual frameworks that influenced this inquiry included post-modern, constructivist, and feminist/critical theories, as these are the roots of narrative modes of inquiry (Reissman & Speedy, 2007). According to Reissman (1997), the influence of narratives in qualitative research began with the turning away from positivist ways of knowing and master theories such as Marxism. The liberation movements of the 1960s and 1970s, for example the feminist movement, contributed to the *narrative turn* (Reissman, 1997) that resulted in the adoption of narrative research approaches across the

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social sciences (Butler-Kisber, 2010; Denzin & Lincoln, 2011; Pinnegar & Daynes, 2007; Reissman, 1997).

Post-Modernism and Constructivism

Post-modernism and constructivist theories assert the existence of multiple realities and position reality and meaning-making as co-constructed through social interaction with others, through language, and historical and cultural norms (Gergen, 2000; Neimeyer, 2009; Neimeyer & Raskin, 2000). The research process is also co-constructed, in that the experiences that participants shared (in the case of the present study) were influenced by the relational process between them and myself (Clandinin, 2006, 2013). Thus, the process of human meaning-making is primarily relational and language-based (Gergen, 2000; Neimeyer & Raskin, 2000). For this study, I invited three participants to co-construct the meaning of actively integrating sexuality into counselling practice through the relational process, in which they shared their lived experiences.

Multiple realities exist, which are influenced by individual and social processes. To understand meaning, humans must be contextualized within personal, historical, social, and cultural contexts (Gergen, 2000; Neimeyer & Raskin, 2000). I believe counsellors who are actively integrating sexuality into their counselling have multiple experiences and perspectives to share about this process and themselves in relation to this practice. In the “Researcher in Context” section above, I included an autobiographical component of my own experiences to demonstrate the existence of multiple realities and experiences regarding counsellors’ practice of actively integrating sexuality into counselling.

Feminist/Critical Theories

I believe that counsellors who actively integrate sexuality into their generalist counselling practice deconstruct oppressive discourses about sexuality as shameful, stigmatized, dysfunctional, and reduced to function by the very act of talking about sexuality (Byers, 2011; Meritt, 2011; Ng, 2006). Creating a space for clients to explore and thicken discourses of sexuality that build their self-worth, acknowledge the significant role of pleasure, and where sexuality is seen as normal, healthy, and functional at the individual and societal levels lessens the power and hold of oppressive stories of sexuality in our clients' lives (Byers, 2011; Meritt, 2011; Ng, 2006).

In addition to examining and deconstructing oppressive practices that are perpetuated through unjust discourses of sexuality (as well as race, class, gender, and disability), feminist and critical theories focus on praxis and social change (Fox, Prilleltensky, & Austin, 2009). This study was intended to expand the available data on how to support counsellors in actively integrating sexuality into their practice, which can contribute to social change regarding unjust practice related directly or indirectly to sexuality.

According to feminist and critical theories, reflexivity is necessary to prevent neutrality about oppressive and unjust discourse and practices, and requires awareness of one's own assumptions and values (Fox et al., 2009). For example, these conceptual frameworks challenged me to be reflexive about how I have participated, or continue to participate, in unjust practices regarding sexuality (and additional social factors) and counselling practice; as well as how I may work towards social change (Fox et al., 2009; Goodman, Helms, Latta, Sparks, & Weintraub, 2004). In discussing their experiences and

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challenges of teaching students thematic analysis, Clarke and Braun (2013b) described inviting their students, prior to beginning analysis, to reflect on (a) the assumptions they may hold about the research topic and (b) their values and life experiences, and how these affect how they interpret the data. Such self-reflexivity is replicated in the narrative research traditions in which the researcher begins with reflexive writing and embeds researcher reflexivity throughout the entire research process to capture who the researcher is and who they are becoming as they are changed by participants and the research itself (Clandinin, 2013; Denzin & Lincoln, 2011; Freeman, 2007).

Design: A Bricolage of a Narrative Lens and Thematic Analysis

Using the concept of *researcher-as-bricoleur*, as explicated by Denzin and Lincoln (2011), I applied a narrative conceptual lens in approaching the research process and a thematic analysis process to look for themes across the participants' interviews.

Researcher-as-Bricoleur

Denzin and Lincoln (2011) used the metaphors of *bricoleurs* and *quilt makers* to explain the role of qualitative researchers and the process of qualitative research. The term *bricolage* is a French expression meaning to creatively use leftover materials from projects to create new artefacts (Denzin & Lincoln, 2011; Rogers, 2012). The researcher-as-bricoleur and bricolage captures the interpretivist process as an endeavour that moves away from positivist and postpositivist paradigms and toward methodological practices of eclecticism, plurality, flexibility, and emerging design (Rogers, 2012). The researcher-as-bricoleur often uses the tools available for their craft, piecing together elements of theories, methodologies, and analytic approaches. They also often create new tools or techniques as they progress through the research process, thus shaping the project through

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the process (Denzin & Lincoln, 2011). The selection of interpretivist tools is not always chosen at the outset of the research study, but may emerge in the process (Denzin & Lincoln, 2011).

Narrative Lens

The research question and process were approached using a narrative lens due to the congruence of the philosophical underpinnings of narrative modes of inquiry with the conceptual frameworks described above. The research question was best addressed using a narrative lens because the focus was on the counsellors' lived experiences of the phenomenon of actively integrating sexuality into counselling. A narrative lens attends to stories because they are the basis of the way humans think, socialize, make meaning, and organize experiences and memories (Bruner, 1991; Chase, 2011; Connelly & Clandinin, 1990; Polkinghorne, 1988; Riessman & Speedy, 2007). Narrative researchers study human experience, human storytelling, and human stories (Clandinin & Connelly, 2000; Connelly & Clandinin, 1990; Pinnegar & Daynes, 2007). In the narrative tradition, stories can be both the methodology and phenomenon of study (Clandinin, 2013). Additionally, this methodology reflects the counselling process, which is often co-constructed and relational through the exploration of clients' personal narratives (Chase, 2011; Monk, 1997; White, 2007). In this study, narrative modes of inquiry aligned with the participants' experience of counselling practice and eased elicitation of data in the form of narratives of their experience and the practice of actively integrating sexuality into counselling.

Thematic Analysis

I chose thematic analysis as the analytic approach to capture patterns across the counsellors' experiences of actively integrating sexuality into counselling because it fits

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with the conceptual frameworks and personal assumptions that framed this study. Braun and Clarke (2006) described thematic analysis as a flexible, accessible analytic method that is not tied to specific methodologies or conceptual frameworks and can be applied to a number of interpretive frameworks and qualitative research methodologies. The authors defined thematic analysis as "just an analytic method, rather than a methodology" that possesses "theoretical independence" and is "theoretically flexible" (Clarke & Braun, 2013b, p. 120). Thus, thematic analysis can be applied within the broader conceptual frameworks and narrative lens of this study.

Thematic analysis is a useful analytical approach for students and new researchers because it prioritizes practice over theory (Clarke & Braun, 2013a). Braun and Clarke (2006) view thematic analysis as a foundational method that provides researchers with core qualitative research skills. This practical orientation is easy to teach and learn (Clarke & Braun, 2013a, 2013b). Prioritizing practice over theory provides experience in learning how to analyze data and can increase students' and researchers' access to theories and methodologies that they can otherwise find inaccessible (Clarke & Braun, 2013a). Clarke and Braun (2013b) succinctly stated ". . . our maxim has become 'learning by doing'" (p. 121).

Although thematic analysis is not tied to specific methodologies, its development as a qualitative method used in psychology can be situated historically. Braun and Clarke (2006, 2012) claimed that their approach to thematic analysis differed from earlier approaches. These came from outside the field of psychology, were located within realist and postpositivist paradigms, and were poorly defined (Braun & Clarke, 2006, 2012, 2014). For example, earlier versions of thematic analysis were linked to coding in

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grounded theory (Braun & Clark, 2014; Boyatzis, 1998), social phenomenology (Benner, 1985; Fereday & Muir-Cochrane, 2006), and used in ethnographic interviewing (Aronson, 1994). Braun and Clarke (2006) offered clear, step-by-step guidelines in applying thematic analysis, unlike earlier versions of thematic analysis (Aronson, 1994; Attride-Stirling, 2001; Boyatzis, 1998).

Thematic analysis fits within constructionist paradigms of psychology (Braun & Clarke, 2006) and has been used in health and wellbeing research, including research on sexuality and gender (Braun, 2005; Braun & Clarke, 2014; Braun & Kitzinger, 2001; Frith & Gleeson, 2004; Ronkaine, Wattkins, & Ryba, 2016). According to Braun and Clarke (2006), "thematic analysis is conducted within a constructionist framework and cannot and does not seek to focus on motivation or individual psychologies, but instead seeks to theorize the sociocultural contexts, and structural conditions, that enable the individual accounts that are provided" (p. 84-85). Additionally, Braun and Clark have conducted much scholarship, frequently using thematic analysis, in the areas of feminism, critical psychology, sexuality, sexual health, and gender (Braun & Clarke, n.d.b).

Piecing it Together: Narrative Lens and Thematic Analysis

Rogers (2012) noted that bricolage permits researchers to approach the data in multiple, and sometimes competing, ways that can assist in better grasping the data and the layers of the meaning-making process. To understand the data as a novice researcher and to add layers to the meaning-making process, I pieced together a bricolage of interpretivist methods, the narrative lens and the thematic analysis process, to inquire about counsellors' experiences of actively integrating sexuality into counselling.

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I chose a narrative lens to frame the inquiry and research question because the philosophical underpinnings of narrative research methods aligned with my own values and biases about the research topic, research process, and professionally as a counsellor, as discussed above in the researcher-in-context section. A narrative lens clarified the practical, social, and theoretical justifications (Clandinin, 2013) for this study and helped to frame the possible implications at the outset of the project as well as to interpret implications nearer the completion of it.

A narrative lens established a relational approach to participants (Clandinin, 2006, 2013). For example, I endeavoured to invite the participants into the research process and approached the meaning-making process in a collaborative and respectful manner. A narrative lens helped me see the participants as individuals within social, cultural, and historical contexts, specifically those that may be related to sexuality counselling (Clandinin, 2013). I gravitated toward a thematic analysis of the data because, as a beginning researcher, it provided an easy to follow, step-by-step formula on how to “do” basic qualitative research coding (Braun & Clarke, 2006). Thematic analysis allowed me to look for themes across the whole data set; however, the narrative lens also alerted me to the uniqueness of each participant’s experiences. This provided a way of seeing patterns, including commonalities and differences, across the participants’ experiences and creating an overall map that told a story of counsellors’ actively integrating sexuality into counselling.

Without using a narrative lens to present the data, singular themes unique to one participant would have been lost, potentially reducing the complexity and richness of the findings. Not using a narrative lens could have reduced the contextualization of the study,

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participants, and findings. While thematic analysis studies range in size, the narrative lens supported a smaller sample size while maintaining richness in data findings. A narrative lens also supported a chronological presentation of the themes in regarding counsellors' practice of actively integrating sexuality into counselling. I discuss the experiential process of conducting this inquiry and of piecing together this bricolage to interpret the data in the section on personal reflections in Chapter 4.

Participant Characteristics

Drawing on the philosophical and methodological underpinnings of the study, I invited three participants to contribute to the co-construction of alternative discourses of actively integrating sexuality in counselling. Participant inclusion criteria were practicing counsellors who (a) had completed graduate level education in counselling or counselling psychology and were registered with a provincial or national counselling/psychology regulatory body; (b) identified as actively integrating sexuality into their counselling practice; (c) had at least 5 years of counselling experience; (d) may or may not have had additional training in sex therapy; and (e) were not registered as only sex therapists or sexologists.

The three participants who participated in this inquiry came from different training backgrounds, practice approaches, and professional licensing, including marriage and family therapy, sex therapy, and transpersonal psychology. Although differences existed between the counsellors' backgrounds, all identified as actively integrating sexuality into their counselling practice. The interviews with each counsellor were unique, and, of the themes that emerged, some were unique to the counsellor's experiences and

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others occurred across the counsellors' experiences. The participants resided in two Western Canadian provinces.

I use the pronouns *they* and *their* as singular pronouns both to mask the gender of the participants and to support non-binary perspectives on gender through gender-neutral language use (Killermann, 2016). I have also used commonly identified gender-neutral names for the counsellors to avert identification by gender. The three counsellors in this study are Alex, Dana, and Sage.

Sampling

Qualitative research employs purposeful sampling (Creswell, 2013) to identify and invite participants that meet the inclusion criteria. This sampling approach supported my goal of collecting rich and informative data both from and about counsellors who actively integrate sexuality into their counselling practice.

Upon receiving approval from the Athabasca University Research Ethics Board, I contacted three counsellors via snowball sampling, in which participants were recruited through individuals who knew individuals and who met my research interests (Creswell, 2013; Glesne, 2011). I connected with two participants previously known of through my professional and work experience. I connected with a third participant through an academic contact. (See Appendix B for the letter of invitation to participants.)

I limited the study to three participants and a total of six interviews because a smaller sample size fosters in-depth and rich data collection through the relational process that aligns with qualitative and narrative research. Wells (2011) suggested that five participants for studies involving complex data interpretation are sufficient, although

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many narrative studies involve only one participant. Small thematic analysis studies can include only 6-10 interviews (Braun & Clarke, n.d.a).

Data Collection: Interviews

Data collection is a co-constructive process that begins with the researcher's point of entry, not just at the beginning of the telling of a story (Butler-Kisber, 2010). To facilitate participants' sharing of their experiences, guided and unstructured (Olson, 2011), open-ended, and in-depth face-to face interviews were conducted to capture the counsellors' lived experiences of actively integrating sexuality into their counselling practice (Clandinin, 2006, 2013). I conducted a total of six interviews, two with each participant, over a two-month period. First and second interviews with each participant were conducted within a three-to-four-week span. Interviews averaged 65 minutes (range 61-98 minutes), were audiotaped, and transcribed. I conducted the interviews in person and travelled twice to another province to interview one participant. I interviewed the participants in their counselling offices, the spaces in which they actively integrate sexuality into their counselling practice.

The first interview was unstructured and began with an introduction to the research topic to prompt the participants to share about their experiences of actively integrating sexuality into counselling. (See Appendix C for interview questions.) Olson (2011) explained that unstructured interviews develop participant and researcher rapport and create a space in which the participant feels free to tell their story. Interviews were conversational and flowed from one topic to another, from one experience to another. Chase (2011) clarified that, through this natural conversational process, narrative

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researchers work to elicit participants' specific and unique experiences rather than generalizations.

After each interview, I listened to the audiotapes and made analytic memos. Clandinin and Connelly (2000) described *memoing* as an organizational tool to capture preliminary reflections and emerging themes. I also reflected in my personal journal and captured thoughts on potential codes, themes, and methodological decisions. The process of memoing and journaling provided insight into emerging themes and experiences to further explore with participants, as well as questions to ask for the purpose of clarifying my understanding of what participants shared during the interviews.

I prepared a list of potential, broad questions as possibilities to ask participants in the second interviews (see Appendix C). These questions helped me to organize data from the first interviews and my reflections on the emerging themes. I adapted and/or selected three to four of the prepared questions for the second interviews with each participant. I held these questions in mind when I talked with the participants during the second interview, yet maintained a conversational approach so that the counsellors' shared their experiences in a manner that unfolded naturally. This process aligned with me as a counsellor and with the heart of narrative research.

Data Interpretation

I interpreted the data, by hand, guided by Braun and Clarke's (2006) six-step outline of thematic analysis.

- (a) I transcribed audiotaped interviews verbatim myself, using transcription software called *InqScribe*, to get even closer to the data, and I removed or changed identifying information that could compromise anonymity, such as names,

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- locations, and gender. To familiarize myself with the data, I reviewed it repeatedly and made memos in my journal about initial ideas of potential codes.
- (b) I coded data through inductive conceptual groupings across the entire data set to identify initial codes. This was carried out in a systematic fashion, by colour coding text.
 - (c) I collated and organized the codes into level-one themes, larger conceptual groupings, and gathered corresponding data relevant to each theme. I then organized level-one themes into level-two themes and created descriptive summaries of the level-two themes. (See Appendix E to review themes and descriptions.)
 - (d) I reviewed and refined the themes in consideration of the codes within them, the entire data set, and the research question.
 - (e) I defined, named, and sequenced the level-two themes to tell an overarching story of counsellors' practice of actively integrating sexuality into counselling.
 - (f) I wrote up the final report of the data using data extracts and words of the participants to make a compelling argument about counsellors' practice of actively integrating sexuality into counselling.

Although these steps may imply a straight-forward approach, coding was an inductive, recursive process that involved multiple readings and checking of the transcripts, while keeping in mind the research question, conceptual frameworks, methodological design, and analytic tools used in the inquiry. The themes fell naturally into two larger groupings to generate the storylines that form the foundation for the two manuscripts presented in Chapter 3.

Rigour and Trustworthiness

I endeavoured to enhance the rigour and trustworthiness of this inquiry through a number of activities, such as researcher reflexivity, respondent validation, member checking, and providing detailed descriptions of data. Qualitative research traditions encourage an embedding of researcher reflexivity throughout the entire research process, thus increasing transparency. Hiles and Cermak (2010) explained that “reflexivity highlights the fact that the researcher has a participatory role in the inquiry, is part of the situation, the discursive context and the phenomenon under study” (p. 11). The autobiographical component of narrative inquiry encourages researcher reflexivity, such as who we are and who we are becoming as we are changed by the participants and the research itself (Clandinin, 2013; Freeman, 2007). To capture my experience of conducting this study, I kept a reflective journal throughout the research process to foster self-awareness of (a) researcher bias and prejudices that might have shaped both the selection and design of the study and the data interpretation process; and (b) how the research process, in turn, influenced me. I reflect on how the research process and research topic has impacted me as a researcher, person, and professional in Chapter 4.

I also practiced reflexivity by biographically situating myself as a qualitative researcher and identifying cultural, social, and historical influences that shaped this study (Clandinin, 2013; Denzin & Lincoln, 2011; Freeman, 2007). For example, I clarified personal bias regarding my own experiences of counselling and experiences working in the sexual health field earlier in this chapter to bring balance to the study by attending to both positive and negative examples of actively integrating sexuality. I kept a second journal as an audit trail to enhance transparency of the research process, noting each step

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and the research activities I engaged in throughout (Hiles & Cermak, 2010). The audit trail included methodological decisions, detailed data interpretation steps, and the decision-making process of writing and presenting the data.

As a relational, co-constructive process, narrative research requires the researcher to honour and place relationships with participants in the foreground (Clandinin, 2013) and invites participants to provide respondent validation of interim texts. Engaging participants in the qualitative research process often builds trust with participants, furthers understanding of the culture/phenomenon, and creates opportunities to check misinformation and misunderstanding of data (Creswell, 2013). To increase participant engagement, I conducted two interviews with each participant and invited them to discuss, question, and clarify my understanding of their experiences. This was undertaken by emailing the participants copies of transcripts and inviting them to review them and to become a part of the research process by requesting any changes or clarifications of the transcribed interviews or changes to interpreted data (Creswell, 2013). I also endeavoured to build collaborative and respectful relationships with participants by explaining the research process and clarifying their role in the study during participant recruitment and the informed consent process.

Member-checking (also known as respondent validation) and debriefing provided opportunities to enhance trustworthiness by clarifying the research design, data interpretation, and my own meaning-making during the research process (Creswell, 2013; Loh, 2013). The member-checking process reflected the paradigmatic underpinnings of this inquiry. Through the social process of talking and reviewing final reports with participants, thesis committee members, and selected peers, I clarified the experience and

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meaning of undertaking the study. Loh (2013) proposed peer validation as a subcategory of member-checking. I integrated peer validation by regularly sending summary documents to identified peers and my thesis supervisor, who have experience with the qualitative research process, to obtain their feedback about the data interpretation process.

The last step I used to enhance rigour and trustworthiness was providing rich, thick descriptions of the participant's experiences, using their words (Pinnegar & Daynes, 2007). Direct quotations from the participants are integrated into each of the manuscripts presented in Chapter 3.

Ethical Considerations

Ethical considerations for this study were related to the informed consent process, honouring relationships, transparency, risks to participations, confidentiality, and storage procedures. The informed consent process was an opportunity to build rapport with participants, which facilitated the data collection and interpretation processes (Clandinin, 2013; Creswell, 2013). Rapport was built by informing clients of the purpose and personal motivations for the study, sharing my reasons for selecting them, and ensuring anonymity by removing identifying information from transcripts and data write-up (Creswell, 2013), in addition to the general elements of all participant consent forms. Upon their agreement to participate, I emailed participants further information about the study, potential interview questions, and consent forms for review. Prior to beginning the first interview, I reviewed these with each participant and obtained their verbal and signed consent. (See Appendix D for the consent form.)

Narrative research is based on collaboration, co-construction of knowledge, and negotiation of meaning (Pinnegar & Daynes, 2007), which highlights potential relational

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issues. The implicit relationship between participants and researchers fosters the elicitation of personal lived experiences that must be honoured. As we invite participants into the research process, we must bring acceptance, a non-judgemental attitude, respect, empathy, and emotional responsiveness to participants and/or our relationships with them (Josselson, 2007). I strove to practice these principles throughout the research process and data dissemination.

Qualitative inquirers must be transparent about the selection of some participant voices and experiences over others when they move from voluminous field texts to the stage of publishing and sharing final research texts (Clandinin, 2013). In this study, I attempted to be respectful and conscientious about how I presented the complex experiences of participants, the impact of which lived experiences I privileged over others, and how the experiences and the participants were presented (Clandinin, 2013). To most accurately capture and represent participants' experiences, I used their words and compelling data extracts in the data write-up (Pinnegar & Daynes, 2007). In attempting to move beyond simple descriptions of the themes and employ a narrative lens to present the results, I used numerous direct quotes from the participants' interviews. I requested the participants' permission to share themes from their experiences and direct quotations during the informed consent process.

Risks of participation in this study were related both to the relational nature of a narrative lens and to the personal nature of sexuality. This study involved talking about a sensitive and deeply personal topic. I was aware that the participants may have had degrees of discomfort, internalized shame, or stigma about sexuality. Also, participants may have had similar negative feelings when sharing experiences about their professional

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identity or experience as a counsellor. I attempted to be respectful of participants' boundaries, although I found that they were generally comfortable discussing sexuality within the context of their professional practice. To mitigate participation risks, I planned to debrief with participants and direct them to appropriate support services, such as consultation, supervision, or counselling. However, no participants reported being triggered by the interviews or research process, perhaps due to the focus on the professional realm rather than the personal and because, as seasoned counsellors, they possessed skills and resources to support themselves if they were triggered.

Confidentiality was ensured and explained to participants during the informed consent process. To safeguard confidentiality, I created participant pseudonyms. Anonymity was provided by removing all identifying information such as names, locations, and gender in the transcripts and write-up. Regarding storage procedures, audiotaped data were labelled by date and interview number. Audiotapes were stored in a locked filing cabinet and will be erased upon completion of the study. Hard copies of the interviews and signed consent forms are stored in a locked filing cabinet in my home and will be safely disposed (i.e., shredded) after five years; electronic versions of the interviews are stored on a USB flash drive that will also be locked in a filing cabinet in my home. This timeframe has been chosen to allow for the review of field and interim texts as needed for clarification of direct quotes or review of the thematic analysis when publishing future articles. Participants were offered the option to keep the transcriptions of their interviews, and they have been provided copies by email.

Chapter 3: MANUSCRIPTS

In this chapter, I overview the manuscripts and explain how I divided the data into two main storylines about counsellors’ experiences of actively integrating sexuality into counselling. I collected and interpreted a significant amount of data and, as a result, I grouped themes inductively into eight larger themes. I divided the eight larger themes into two storylines, as described in Table 1, of (a) counsellors’ practice of integrating sexuality into counselling and (b) counsellors’ experiences of this practice.

Table 1

Storylines, Level 1 and Level 2 Themes

Manuscript 1: Counsellors’ practice of integrating sexuality into counselling		Manuscript 2: Counsellors’ experiences of the practice of actively integrating sexuality into counselling	
Level 2 themes	Level 1 themes	Level 2 themes	Level 1 themes
Conceptualizing sexuality	Individual and relational dimensions Spirituality Unhealthy influences Violence	Client issues	Complex and holistic Disconnection Lack of information and misinformation Shame Relationships and communication Pornography and addictions Other client issues
AIS practice	Direct and early Assessment Normalizing and self-disclosure Giving information Relationship context Couples exploration Sexual abuse and sexual offenders Integrating sexuality an spirituality	Counsellors’ perceptions of client experiences	Fear Vulnerability Communication style Relief and fun

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Barriers to AIS	Lack of training Theory vs. practice Counsellor skills Lack of comfort and confidence Avoidance Few sex therapists Client barriers Not the issue	Counsellor experiences	Misperceived Boundaries Overwhelmed Validation
Development of AIS	Broad and inclusive lens of sexuality Nonjudgmental Self-awareness Separating personal issues Training/courses Continuing education Exposure Practice creates comfort	Counsellor development	Influences Sexuality as relevant Reflexivity of own sexuality Radicalized

Note. AIS = Active integration of sexuality

Overview of Manuscripts

Manuscript 1: Counsellors' Practice of Actively Integrating Sexuality into Counselling: Practice, Barriers, Development

The first manuscript focused on the practice of counsellors integrating sexuality into counselling. In this article, I demonstrated how, in applying a narrative lens to thematic analysis, four main themes emerged to tell the story of counsellors' practice of integrating sexuality: (a) the counsellors' practice of actively integrating sexuality into counselling began with their conceptualizations of sexuality; (b) these conceptualizations influenced their practice and approach to integrating sexuality into counselling; (c) they faced barriers to this practice; and (d) they suggested ways to address barriers through

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skill development to enhance the active integrating sexuality into counselling. This article will be submitted to the *Canadian Journal of Human Sexuality*.

Manuscript 2: Counsellor Experiences Related to the Active Integration of Sexuality into Counselling

The second storyline explored counsellors' experiences related to the practice of actively integrating sexuality into counselling and included the counsellors' perceptions of their clients' experiences in obtaining such counselling. It included four main themes: (a) clients' common sexuality issues; (b) counsellors' perception of clients' experiences of talking about these issues; (c) counsellors' experiences of providing counselling in which sexuality is actively integrated; and (d) development as counsellors who practice in this manner. This article will be submitted to the *Canadian Journal of Psychotherapy and Counselling*.

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*Counsellors' Practice of Actively Integrating Sexuality into Counselling: Practice,
Barriers, and Development*

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Abstract

Sexuality often remains a taboo topic in counselling. Sexuality is an integral part of being human and sexuality issues consistently arise in counselling practice, yet counsellors are not talking about or are even avoiding the topic of sexuality. Counsellors' lack of inquiry about clients' sexuality issues often reflects their lack of comfort and competence, which is related to the lack of adequate training and preparation for sexuality counselling. Not addressing sexuality in counselling perpetuates conditions that create sexuality issues and the division between sex therapy and psychotherapy. The study explored the experiences of three Canadian counsellors who actively integrated sexuality into counselling and aimed to add qualitative research on the topic. In applying a narrative lens to thematic analysis, four main themes emerged to tell the overall story of counsellors' practice of integrating sexuality: (a) the counsellors' practice of actively integrating sexuality into counselling began with their conceptualizations of sexuality; (b) these conceptualizations influenced their practice and approach to integrating sexuality into counselling; (c) they faced barriers to this practice; and (d) they suggested ways to address barriers through skills development to enhance the active integrating of sexuality into counselling. Implications of this study include suggestions on how to address the gap of sexuality-related counselling services by developing counsellors' comfort and competence through counsellor training. Limitations of this study suggest furthering research by examining the perspectives of clients who engage in counselling services in which sexuality is integrated and the effectiveness of various approaches to training students for sexuality counselling.

Keywords: Sexuality, sexuality-counselling, counsellor training, thematic analysis

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Counsellors' Practice of Actively Integrating Sexuality into Counselling: Practice, Barriers, Development

Sexuality often remains a taboo topic even within the very intimate and exposing processes of counselling (Byers, 2011). Clients are likely to present with sexuality issues in counselling, directly or indirectly connected to other presenting issues (Bogey, 2008; Byers, 2011; Ford & Hendrick, 2003; Giami & Pacey, 2006; Harris & Hays, 2008) because it is a vital and important part of life (World Health Organization [WHO], 2010). Counsellors' ability to identify, address, and integrate sexuality is dependent on their competence, comfort, training (Cupit, 2010; Haag, 2008; Meritt, 2011; Miller & Byers, 2012), and beliefs about sexuality (Byers, 2011; Harris & Hays, 2008; LoFrisco, 2013; Maguire, 2005).

Sexuality is a vital and significant aspect of being human (WHO, 2010), and the prevalence of sexuality issues in counselling demonstrates the distress clients experience and the need for professional support when experiencing sexuality issues (Byers, 2011; Giami & Pacey, 2006; Reissing & Di Giulio, 2010). It also demonstrates that the public and other helping professionals often view counsellors as sexuality and relationship experts (Haboubi & Lincoln, 2003; Harris & Hays, 2008; Reissing & Di Giulio, 2010).

Sexuality issues consistently arise in counselling practices, but counsellors are not asking about or are even avoiding the topic. Reissing and Di Giulio (2010) surveyed 188 Canadian practicing psychologists and 60% reported they rarely, if ever, ask clients about sexuality topics. Another study found that only 21% of Canadian and American clinical or counselling psychologists ask their clients about sexuality issues (Miller & Byers, 2010). Differences in training of couples counsellors may lead to more openness about

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sexuality with clients. For example, LoFrisco (2013) found that couples counsellors initiated conversations about sexuality, with both individual and couples clients, about half of the time.

Counsellors' lack of inquiry about clients' sexuality concerns may reflect their lack of comfort and competence. Counsellors may refer clients to specialists, such as sex therapists, due to their lack of comfort, willingness, and training (Byers, 2011; Cupit, 2010; Haag, 2008; Harris & Hays, 2008; Meritt, 2011; Miller & Byers, 2008, 2009; Pukall, 2009). LoFrisco (2013) conceptualized counsellor failure in addressing sexuality issues from a systemic theory perspective and related it to external factors such as family or society. For example, counsellors live in the same sociocultural environment as their clients, and they are also affected by the dichotomy of hypersexualization and sexual shame. They may have internalized shame-based attitudes and discomfort about talking about sexuality (Buehler, 2013; Byers, 2011; Harris & Hays, 2008; LoFrisco, 2013; Maguire, 2005). Comfort with addressing clients' sexuality concerns was related to counsellors' view that sex is a bonding activity rather than an activity solely for reproductive purposes (Cupit, 2010), to conceptualizing sexuality as holistic and a component of wellness (Mallicoat, 2012), and to counsellors' ability to reflect on sexuality (Buehler, 2013). Counsellors' comfort addressing client sexuality concerns was also related to the amount of training and supervision received regarding sexuality concerns (Giami & Pacey, 2006; Harris & Hays, 2008; LoFrisco (2013).

Counsellors' lack of comfort and competence in addressing sexuality issues often reflects their lack of training and preparation to provide sexuality counselling. Comfort with addressing clients' sexuality issues was related to the amount of training and

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supervision they received (Giarni & Pacey, 2006; Harris & Hays, 2008; LoFrisco, 2013). Training and perceived comfort to address sexuality issues are the greatest indicators of counsellors' willingness to discuss sexuality issues with their clients (Cupit, 2010; Meritt, 2011; Miller & Byers, 2012; Haag, 2008). Without adequate training, counsellors will not feel comfortable addressing clients' sexuality concerns (Cupit, 2010). Wide inconsistencies exist in both training format and coverage of sexuality topics in the preparation and training of graduate level psychology students (Miller & Byers, 2010; Reissing & Di Giulio, 2010). Of the sexuality training that is provided, a bias exists toward negative sexuality topics rather than healthy sexuality topics (Miller & Byers, 2010).

The Council for Accreditation of Counseling [*sic*] and Related Educational Programs (CACREP, 2016) in the United States requires a human sexuality counselling course as a part of master's level training only for marriage and family therapists. Timm (2009) provided permission to beginning marriage and family therapists to address sexuality with their clients, as well as suggestions on how to do it. Many counsellors, who do not have this specific training designation, are not adequately prepared for sexuality counselling (LoFrisco, 2013). The accreditation standards of the Canadian Counselling and Psychotherapy Association (CCPA, 2002), which are designed for generalist counsellor education programs, do not mention sexuality at all, apart from the inclusion of sexual orientation as a component of diversity.

The more comprehensive and integrated sexuality training is in graduate programs, the more likely counsellors are to feel comfortable and competent in initiating conversations about sexuality, to address sexuality in their assessments, and to possess

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skills to provide interventions or to identify when referral is necessary (Cupit, 2010; Haag, 2008; Harris & Hays, 2008; Mallicoat, 2012; Meritt, 2011). Integrating sexuality training into all aspects of graduate level education, such as instruction, independent study, observational learning, and supervision, would solidify learning and increase skill competency (Mallicoat, 2012; Miller & Byers, 2008; Reissing & Di Giulio, 2010). Supervision, mentorship, and role modeling were considered the most significant modes of training counsellors and increasing their comfort with sexuality concerns (Cupit, 2010; Giami & Pacey, 2006; Harris & Hays, 2008; LoFrisco, 2013). A survey of 105 clinical and counselling Canadian psychologists found that 85.7% wanted more education and training on sexuality problems that occur within therapy and obtained training through self-directed reading and continuing education (Miller & Byers, 2009).

Not addressing sexuality is problematic because it perpetuates the very conditions that contribute to the sexuality issues that clients bring to counselling. Societal and cultural factors contribute to the pervasiveness of sexuality issues, such as lack of sexual communication and education, resulting in poor knowledge and sexual satisfaction (Byers, 2011; Meritt, 2011; Ng, 2006). Byers (2011) described inadequate sexual communication as permeating society and various relationships, such as parent-to-child, between sexual partners, and health practitioners-to-clients. Additionally, polarized attitudes continue to dichotomize sexuality, such as hypersexualization and sexual oppression, creating a culture of extremes (Harris & Hays, 2008). Researchers studying couples counsellors warned about the potential for counsellors to perpetuate client symptoms related to sexuality issues, such as shame, when counsellors experience anxiousness in the presence of clients when discussing sexuality (Harris & Hays, 2008; LoFrisco, 2013; McCave,

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Shepard, & Winter, 2014) or through their nonverbal behaviours (LoFrisco, 2013). The counselling field's response to human sexuality may reflect larger cultural norms and values of sexuality, such as control of sexuality through the internalization of discourse on normal and abnormal sexuality, shame, and stigma (McCave et al., 2014). Not talking about sexuality in counselling thus mirrors sexual oppression in society.

The Current Study

Studies on counsellors' approaches to integrating sexuality into counselling are limited. The majority of studies on this topic are quantitative (Asher, 2007; Miller & Byers, 2008, 2009, 2010, 2012; Nathan, 1986; Wiederman & Sansone, 1999) and have provided valuable data, but they are limited in describing the lived experience of counsellors who actively integrate sexuality into counselling. Qualitative studies have added a nuanced understanding of counsellors' conceptualization of sexuality (Mallicoat, 2012), the subjective experiences of counsellors providing sexuality counselling (Ng, 2006), and differences between sexuality educators, sexuality counsellors, and sex therapists (Krenzel, 2011). LoFrisco's (2013) mixed methods study explored counsellors' perceptions of their comfort in addressing client sexuality issues and the role of supervisor support in developing comfort. A gap exists in the literature regarding qualitative studies on counsellors' practice of actively integrating sexuality into counselling.

The current study was designed to explore the experiences of counsellors who actively integrate sexuality discussions with clients into counselling practice, applying a narrative lens to thematic analysis, and aimed to add to the literature with a qualitative study on the topic. The research focused on the following question: What are the

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experiences of counsellors who actively integrate sexuality into their counselling practice? The use of *I* refers to the voice of the primary author; this study informed my master's thesis.

Method

Participants

Three Canadian counsellors participated in this study. All participants were practicing counsellors who met the following criteria: (a) graduate education in counselling or counselling psychology; (b) registration with a provincial or national counselling/psychology regulatory body; (c) active integration of sexuality into their counselling practice; (d) five years of counselling experience; (e) optional additional training in sex therapy; and (f) not registered as sex therapists or sexologists. Participant backgrounds include marriage and family therapy, sex therapy, and transpersonal psychology. Two participants held a PhD, and one participant held a master's degree. Two were educated in Canada; one had both Canadian and American degrees. Regardless of training and practice experiences, all participants identified as actively integrating sexuality into counselling practice.

Procedure

Following approval granted by the Athabasca University Research Ethics Board, I used snowball sampling to recruit three counsellors to participate in this study. I reviewed the study with participants and obtained consent; I then conducted two interviews with each participant in their counselling offices. Participants resided in two Western Canadian provinces. Interviews averaged 65 minutes (range 61-98 minutes). I conducted and audiotaped semi-structured interviews, using broad, open-ended questions to

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encourage the counsellors' sharing about their experiences of actively integrating sexuality into counselling. Time between first and second interviews ranged from three to four weeks. I encouraged participants to contact me with their questions, reflections, and clarifications throughout the process. Following the two interviews, I contacted participants to clarify my understanding of their experiences and/or to provide additional information as needed. After each interview, I made analytic memos (Clandinin & Connelly, 2000) and used journaling for critical reflection, which aided the emergence of themes and guided questions for the second interviews.

Data Interpretation

I transcribed audiotaped interviews verbatim and removed or changed identifying information that could compromise anonymity, such as names, locations, and gender. I interpreted the data guided by Braun and Clarke's (2006) outline of thematic analysis. Through repeated readings and familiarization with the data, I first coded data through inductive conceptual groupings across the data set to identify initial codes. Second, I organized initial codes into themes, larger conceptual groupings of the codes. Third, I wrote summaries of the main themes to reflect contained codes and the entire data set. Lastly, applying a narrative conceptual lens, I ordered the themes to tell an overarching story of counsellors' practice of integrating sexuality into counselling. Thematic analysis allowed me to look for themes across the whole data set; however, the narrative lens also alerted me to the uniqueness of each participant's experiences. This provided a way of seeing patterns, including commonalities and differences, across the participants' experiences and creating an overall map that told a story of counsellors' practice of actively integrating sexuality into counselling. Two main storylines emerged. In this

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article, I present the first storyline of counsellors' practice of actively integrating sexuality into counselling. The second storyline focused on counsellors' experiences related to this practice; it is explored in a separate manuscript (see Sangra & Collins, 2016). That manuscript also provides more detailed information on the processes used to ensure rigour and trustworthiness of the research, including (a) researcher reflexivity through journaling, keeping an audit trail, and contextualizing myself as a researcher and (b) engagement of the research participants, peer reviewers, and supervision in the evolving data interpretation.

Results

Common themes relating to the practice of actively integrating sexuality (AIS) into counselling were identified across the counsellors' stories. Four main themes arose through the application of a narrative lens to thematic analysis: (a) the counsellors' practice of actively integrating sexuality into counselling began with their conceptualizations of sexuality; (b) which influenced their practice and approach to integrating sexuality into counselling; (c) they faced barriers to this practice; and (c) suggested ways to address barriers through the development of actively integrating sexuality into counselling.

I use the pronouns *they* and *their* as singular pronouns both to mask the gender of the participants and to support non-binary perspectives on gender through gender-neutral language use (Killermann, 2016). I have also used commonly identified gender-neutral names for the counsellors to avert identification by gender. The three counsellors in this study are Alex, Dana, and Sage.

Table 1

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Themes

Main themes	Themes
Conceptualizing sexuality	Individual and relational dimensions Spirituality/self Unhealthy influences Violence
AIS Practice	Direct and early Assessment Normalizing and self-disclosure Giving information Relationship context Couples exploration Sexual abuse and sex offenders Integrating sexuality and spirituality
Barriers to AIS	Lack of training Theory versus practice Counsellor skills Lack of comfort/confidence Avoidance Few sex therapists Client barriers Not the issue
Development of AIS	Broad and inclusive lens of sexuality Nonjudgmental Self-awareness Separating personal issues Training/courses Continuing education Exposure Practice creates comfort

Note. AIS = Active integration of sexuality

Conceptualizing Sexuality

The counsellors' practice of actively integrating sexuality into counselling began with their conceptualization of human sexuality. They described sexuality as significant in the everyday lives and wellbeing of their clients. For example, Sage explained, "When we're talking about sexuality, we're talking about such a broad range of different things.

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Sex is a huge component of us as human beings. So it's always in the back of my mind.”

How counsellors think and what they believe about sexuality informed the way they attuned to sexuality in client narratives and intervened for related issues. The counsellors demonstrated critical and complex thought about sexuality; as Dana articulated, “Sex impacts many areas of our lives and sex is impacted by many areas of our lives.”

Conceptualizing sexuality in this manner attuned the counsellors to sexuality issues arising in counselling; Alex reiterated that sexuality is “so influenced by everything else in their lives and other issues.”

Individual and relational phenomenon. The counsellors in the study described sexuality as an individual and relational phenomenon and told stories of their clients presenting with sexuality issues on the individual or relational level, or on both levels simultaneously. They understood that sexuality issues present at both levels, and interventions on one level will often affect the other, as Dana demonstrated:

Our human sexuality is both an individual thing as well as a relational thing. It's a piece of who we are as individuals, but it is also something that draws us to others. It's a biological drive that brings humans together, but that doesn't mean that it's solely a relational thing. It's a part of who we are as individuals, too.

This may imply that the counsellors conceptualized sexuality in ways that helped them move beyond prescriptive sociocultural beliefs, such as the belief that sexuality exists solely for reproductive purposes, to understanding that sexual wellbeing adds depth and fulfillment whether one is in a relationship or not.

The relational dimension of sexuality was understood to be a significant facet of sexuality. Dana broadly defined intimacy beyond just sex: “Intimacy for lots of people is

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[the act of] sex in the relationship. Whereas for me intimacy is not just sex but its joining, its connection. That could be through a conversation, attuned emotions, sexuality. It's about feeling close with another person." Sage described intimacy as a basic human drive:

It's amazing to see how these very varied couples with different bodies and ages and backgrounds and cultural differences! And seeing that it's a universal longing for this not to be such a difficult, confusing, messy, sad area that really keeps a lot of people who basically love each other in a place of distance and confusion.

Spirituality/self. For Sage, intimacy was also conceptualized as something that is experienced not only as connection with another person but also with one's self or *higher self*. Sage described sexuality as "creation energy" and "life force energy," an understanding that developed through a kundalini experience they had. Kundalini, according to Hindu and tantric traditions, is the coiled energy at the base of the spine, which, through sudden or graduate release up the spine, results in spiritual awakening (Krishna, 1997; Taylor, 2015). For Sage, sexuality is understood to be deeply connected to spirituality and being human, and thus it offers great potential for wellbeing. Sage explained:

...we can't understand our own empowerment unless we understand our sexuality. We're really disempowered unless we at least explore our relationship with it . . . We're given no information! [Light laugh] Basically we're taught how to avoid this for as long as possible.

The spiritual dimension of sexuality was also conceptualized as the intrapersonal dimension, tied to how individuals think, feel, and what they believe about themselves as

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sexual beings. Dana explained, “Our feelings of self-efficacy, self-esteem, and adequacy are wrapped up in sex . . . whether we're good at performing sex, whether we're sexy, if people find us sexy, if we're an attractive partner.”

Unhealthy influences. The counsellors also understood sexuality as something that remains taboo, despite the changing values and greater openness in Western society about sexuality. Dana astutely observed that “we don't talk about sex very openly just on the street or in society. In our society, sex is almost a taboo subject. I want to say *almost* because I don't think it's absolutely taboo like we're in living in the Victorian era.” Greater sociocultural openness to sexuality was contrasted with the hypersexualization of the media and the lingering taboos about talking about sexuality in a normalizing fashion. As Sage succinctly stated, culturally “we're either repressed or obsessed” about sexuality, and “we don't collectively model any kind of healthy relationship [with sexuality]; certainly religions haven't.”

Violence. In relation to unhealthy influences, the counsellors discussed the connection between violence and sexuality. Sage explored and tried to make sense of the recent media reports of sexual harassment and assault in Canada, such as the Dalhousie University dentistry students and Jian Ghomeshi cases, in light of the historical use of violence to control sexuality; for example:

I think we're bringing an enormous amount into the light at the moment collectively. I mean it's really, really hard, but we know a lot now. We know about rape, we know about sex being used as a weapon of war, [and] we know a lot about the abuse by religions. And we're naming this stuff. I can only hope that that's the shadow being exposed so it can be integrated and healed.

Actively Integrating Sexuality into Counselling Practice

The counsellors delineated the techniques and skills they used to accomplish the active integration of sexuality in counselling. They described an approach that considers timing and application of interventions for addressing various sexuality issues. All counsellors described working differently with clients who experienced sexual violence and clients who reported thoughts and/or behaviours of sexually offending. The counsellors shared in the purpose of supporting clients in actively integrating sexuality within themselves on the individual and relational levels.

Direct and early. Actively integrating sexuality into counselling worked well when the counsellors initiated the subject directly and early, asking questions and informing clients that they are open to talking about sexuality. The counsellors varied in the timeframe in which they broached sexuality. Dana explained: “There isn't a standard time frame in which I might bring it up. But I will say it's something that I'm always open to talking about.” Sage specified raising the topic of sexuality early and stressed the imperative of doing so when working with clients:

You're doing a disservice if you don't explore that aspect of their life . . . in the first three or four sessions. I've had a lot of couples come in who've been to one, two, three other counsellors over the course of a marriage. Some of them, they've had up to ten sessions and sexuality has never ever been brought up. I find that unethical. Pure and simple.

Alex noted raising the topic of sexuality by using client registration forms that list sexuality issues for clients, allowing clients to comfortably identify sexuality-related issues, and helping them to give those issues names.

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All of the counsellors agreed that, as the counsellor, they need make it known to clients that sexuality is a topic they are comfortable and willing to talk about. Alex emphasized, "I want them to know that they have, not that they need permission, but that they have licence to talk about sex in explicit terms here." According to Dana, providing licence involved asking point blank if a client is indirectly talking about a sexuality issue:

I have [clients] who skirt around it so generally that in my paraphrases I'm having to take leaps or go off on a limb and say are you talking about a sexual experience? Are you talking about sexual abuse? Are you talking about sex?

Assessment. All of the counsellors described assessing their clients regarding sexuality issues to determine client goals and appropriate interventions and to assess whether addressing sexuality is a goal for clients. Counsellors described doing informal to formal, general to thorough assessments that were influenced by training and theoretical approaches. For example, Alex, who has training in sex therapy, described this process:

I do a comprehensive, thorough assessment that takes a number of sessions. I know . . . the public thinks that's not necessary. There's so many factors that can affect sexuality, especially for women . . . so I do a fairly thorough sex history and I find out the nitty gritty and then start working on stuff.

The other two counsellors conducted more informal assessments that included asking about the status and condition of clients' current sexual and intimate relationships. For example, Dana said:

If I get a sense that they're talking about, kind of alluding to not feeling as close, or [they] haven't had a physical relationship or whatever, then I'll just outright ask,

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‘when was the last time you had sex?’ I might even ask, ‘what is the quality of sex? Do you enjoy it? Is it something that you're doing more out of duty? Do you feel closer when you're having sex or not so much? (Dana)

Sage, who conceptualized sexuality as energy, described assessing not only clients' relationship status with their partner(s) but also their relationships with themselves: “You want to know about what's going on in that relationship. And I want to know about that after you tell me about your own relationship [with sexuality].”

Normalizing and self-disclosure. According to the counsellors in the study, normalizing sexuality issues, deconstructing false beliefs about sexuality, and challenging shame is a vital part of integrating sexuality into counselling. Clients may possess much shame and discomfort in talking about sexuality issues due to the personal nature of sexuality, cultural taboos, and stigma. Two counsellors outlined the importance of normalizing clients' sexuality issues and contextualizing factors that contribute to issues, such as lack of knowledge. Said Sage:

First I tell them they should have no sort of negative feelings or shame around any sort of feelings. They're adults, and they actually don't know too much about it . . . unless they happened to grow up in an extraordinary home where a lot of information was provided. That we as a culture and society have done nothing to help people in this area . . . So I really concentrate on that. And how wonderful and amazing that they're here willing to talk and learn about it

Alex also remarked, “I'm saying you know you aren't the only one. I've seen this problem lots of times. There lots of women out there like this. You're not broken. You're not abnormal.” The counsellors talked about the usefulness of self-disclosing information

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about their own experiences to clients as a way to normalize clients' experiences and to model talking about sexuality issues in counselling. Alex noted the particular usefulness of carefully and judiciously self-disclosing their own experiences of sexual violence to clients:

I have had some personal experiences that have . . . on the one hand, nobody would ever want that to happen. And [on] the other hand, oh my god, it's so useful when I get somebody in here! I'm able to sit with other rape victims in here and let them know that I, too, have had that experience. And that it is possible to move away from that and even still speak about it.

Giving information. Once sexuality issues had been raised, identified, normalized, and contextualized, the counsellors gave their clients information about sexuality. Giving information may be used to normalize sexuality issues, as described above, or to deconstruct false beliefs. Alex (as cited in Taylor & Davis 2006) talked about using Annon's PLISSIT model of sex therapy. For example, the counsellor begins by giving clients permission (P) to raise sexual issues; next provides limited information (LI) specific to the sexuality topics raised; then provides specific suggestions (SS) based on assessment; and, gives referrals if intensive therapy (IT) or medical intervention is deemed necessary. Alex stated:

She had said something to me and I gave her information back that blew the belief that she had that she couldn't be sexual right out of the water. And as soon as I did that she went home and (zip sound) everything was fine! So I knew it was a belief she had been holding.

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Two counsellors described learning how to adapt to their clients' preference for talking about sexuality in counselling and giving information, from communicating in a direct and explicit manner to talking indirectly and even about other related topics. Dana explained,

Sometimes people want you to be explicit. For some people that explicitness feels dirty, wrong, shocking, like they're really not comfortable talking about that. Fine. But some people really need you and want you to, I'm not going to say talk dirty, but talk explicit about the mechanics of sex, the actions, behaviours, to give them concrete kinds of exercises to do together . . .

The necessity of matching clients' communication style and information needs when talking about sexuality in counselling was made clear when Dana explained that “[clients] want to explicitly have those conversations in counselling, and if you're not having those conversations with them, they will find another counsellor, which is ultimately best for them.” At times, matching clients' communication style may mean talking about peripheral issues with which clients feel more comfortable. Dana explicated, “I don't think it does harm to talk to clients about their self-esteem issues or talk about their body image issues without explicitly bringing sexuality in, because I think you're still making progress with that client.”

Relationship context. The counsellors explained that their practice of integrating sexuality into counselling included addressing the relational dimension. Sage explained, “I still think that sexuality is a natural, normal part of what being in [a] partnership is. It's like not asking about communication or not asking about what they see as the main challenges or issues.” All of the counsellors emphasized that sexuality issues need to be

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contextualized within the relationship, specifically when individual clients present with sexuality issues that manifest in the relational dimension or when working with couples.

I know the genital-to-genital is why they come in here. And they keep saying, 'Oh, no, the heart-to-heart's fine!' Ah, no it isn't! There's something that's not working! Whether it was an issue before and then it's become more of an issue because you aren't communicating, which is another really, really big thing . . . Whoever the problem resides in, one of them . . . they have to learn that it's a couple issue, it's not a one-person issue. (Alex)

Dana echoed this approach: "If they come in with a sex problem, I bring in the relationship. So one way or the other, if they come in about the sex problem, I get them to understand it's also a relationship problem."

In contextualizing sexuality problems as relationship problems, the counsellors helped their clients also address relational issues. Alex concisely stated that "it's the heart-to-heart connection before the genital-to-genital connection" that often needs to be addressed in couples. At other times, clients may present to their counsellors relationship problems that can indicate the presence of sexuality issues: "If you're saying to me that you just feel more and more disconnected, then I'm guessing you're feeling less and less connected sexually" (Dana). Alex asked, "How can someone feel sexual about their partner when their partner is acting like a four-year-old, and they're having to be responsible for everything?" Common among the counsellors was a strategy of helping their clients understand how relationship issues contribute to sexuality issues and vice versa. Underlying relationship conflict issues need to be addressed if the sexual relationship is to be enhanced, as Alex succinctly stated: "I tell them they can't be making

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war if they want to be making love.” A challenge to this strategy is “get[ting] them to understand that it should be a priority in their life” (Alex) and that they need to make time for connecting sexually.

Couples exploration. Upon contextualizing sexuality problems as couples problems, the counsellors went on to provide their clients with a safe and supportive space to explore and discuss their sexual relationships. Dana described the role of a couples counsellor is to be “a forum, a conduit [that is] there to contribute to the questions they have for each other.” The significance of being a safe space for couples to talk about sexuality was further illustrated by Dana:

The purpose of why they're wanting to talk about sex is because they're not talking about it. And sex can be a really fun conversation to have with your partner! So to have a context to finally do that with each other was almost what they were coming to counselling for . . . I just got the sense that these were questions that they've never asked each other before.

All the counsellors agreed that, in addition to providing a safe space for couples to talk about their sexual relationships, supporting their development of communication skills is paramount to addressing sexuality issues. Alex explained, “Communication is a big thing. That's one of the things that they have to wrap their head around because they think that they can just communicate with their genitals, and that's not going to work.” Dana reiterated that “I don't mean walk them through what sex looks like but walk them through that conversation because they're not talking about sex together. They don't talk about sex outside of here.” Developing couples exploration included giving couples homework and debriefing to facilitate genuine and open communication with each other,

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as described by Dana: “Sometimes the homework is really just as simple as go home and ask each other what you might buy at that [sex toy] store if you went back?”

Sexual abuse and sexual offenders. The counsellors’ approach to sexual violence differed from working with other aspects of sexuality, with both victims and perpetrators. Dana described working with sexual trauma in a way that is empowering and safe for the client: “Like, those are some pretty weighty words [sexual abuse]. I'm careful around my language so that people know that I believe that you will do this at your own pace.” Sage described working with pedophiles only if they were willing to change, explaining that “I'm going to work that very differently [with pedophiles]. I'm not as curious.” In working with clients who disclosed thoughts of, or past behaviours of, sexually offending, this counsellor asserted her own boundaries and identified willingness to work with such clients only if they agreed on the common goal of changing such behaviours.

Integrating sexuality and spirituality. Sage described the process of integrating sexuality into counselling as supporting clients in the integration of spirituality and sexuality. Sage elucidated, “Sexuality lives in spirit and spirit lives in sexuality. There’s really no separation. They're just polarities; they don't need to be blocked off. There's a natural flow that runs [and] they live in each other.” The integration process involves “a natural re-joining.” Supporting clients in integrating these energies in an empowering manner involved inviting clients to reflect on their relationship with sexuality and connection with spirituality.

Supporting the integration of sexuality into the whole of the person was described by Sage as a reflection of healing on a larger scale, socially and culturally:

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None of the world is gonna get healed unless we heal this. I'm absolutely convinced that unless we do more around the healing of sexuality, and particularly between sexuality and spirituality, that there's a lot of other kinds of healing that just can't really happen because I think it's so entrenched in our psyche.

Barriers to the Active Integration of Sexuality into Counselling

Barriers exist for both counsellors and clients in integrating sexuality into counselling. The counsellors described experiencing barriers in the form of obtaining training, putting training into practice, and developing skills to actively integrate sexuality into counselling. These barriers can contribute to counsellors' lack of competence or personal discomfort in working with sexuality issues. The counsellors in this study also discussed barriers posed and experienced by clients. The counsellors identified shame, discomfort, fundamental relationship issues in couples, cost, not knowing where or who to turn to for help, and lack of motivation as barriers their clients experienced regarding sexuality issues.

Lack of training. The counsellors discussed barriers in obtaining training in human sexuality for graduate-level psychology students and expressed bafflement for the dearth of training offered. Sage exclaimed, "I've actually met people who've had zero courses in human sexuality, and they've got a master's in counselling? Like, how is that possible in this day and age!? I find it sad really because it tells us something about our own profession." Alex similarly asked, "Why isn't there a course in human sexuality? Even just one course! It's big! So why wouldn't there be that? There's courses on culture, right?" Dana, who was able to take a graduate-level sexuality course, reflected on the lack of integration of sexuality-related training in other courses: "I can't say I was ever

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directed to read this book or read this chapter or article or whatever about integrating conversations about sex into counselling until I took the sex course.”

Graduate programs often lack sexuality courses and may not identify sexuality as a discussion topic in other courses. Counsellors often encounter gender and sexual orientation, aspects of sexuality, within cross-cultural counselling training. Although this provides some exposure to sexuality training, Alex asked “what if somebody you know has one of these regular problems? Low desire, premature ejaculation, or something like that?”

The counsellors expressed frustration directed at universities:

I think that helping therapists learn how to make it a natural, normal conversation is something that we're not doing as a university; I don't think they're doing a good job, point blank. I think it's their job, and I think, if they're taking thousands and thousands of dollars of somebody's money, then step up to the plate. (Dana)

Dana pointed out that student counsellors may avoid sexuality-related training because they fear working with childhood sexual abuse and assume that this is the majority of sexuality related issues.

Theory versus practice. Dana reported taking a sexuality course during graduate training, and explained that, although it was advantageous to have taken the course, the course focused on theory rather than practice talking with clients about sexuality issues.

Putting theory into practice would have been more beneficial, such as

ideas about how to ask questions, relevant questions to ask, how to get the conversation started. Maybe even using your relationship with them to get a sense

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for whether this is someone to talk about it more aloofly with or whether it's someone who is happy to talk about it in more slang terms. (Dana)

Although some counsellors may have the opportunity to take sexuality courses in their graduate training, theory heavy courses may rely on students to “practice this stuff later rather than practicing in the course” (Dana). Dana also spoke to the limitations of undergraduate courses' sexuality content, such as the work of Masters and Johnson (1966; 1970) and Kinsey (Kinsey, 1953; Kinsey, Pomeroy, & Martin, 1948), in that it is “very performance- and climax-oriented and orgasm-focused rather than individually oriented and about enjoyment.”

Counsellor skills. As a result of lack of training and practice, counsellors may be left unprepared to work with clients regarding sexuality issues. For example, counsellors may lack skills to appropriately assess sexuality issues, resulting in failure to identify a sexuality issue or the scope of the issue and, thus, choosing ineffective interventions. Alex pointed out that some counsellors do not fully assess and appreciate clients' sexuality issues, leading to interventions in which they tell clients to “just go and do it. That doesn't help. If that's all they needed to do, they would have done that a long time ago. And so don't say that to them now that they're here.” At times, barriers to actively integrating sexuality into counselling may present as counsellors not talking explicitly or detailed enough with clients when needed, as Dana described: “In fact, I've had the opposite where I didn't integrate it enough. Like they were here to talk about sex. I talked about it but not as explicitly as they needed me to, and they left.” Or, counsellors may assume clients' comfort or knowledge about sexuality and jump too far ahead of clients,

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as Alex described, “Being too far ahead of the client or thinking the client is further ahead than they actually are, or more comfortable than they actually are.”

Lack of comfort/confidence. Counsellors’ own issues may present barriers to actively integrating sexuality into counselling. Alex described how “just not feeling comfortable in that area and talking about [sexuality]” can be an impediment. Also, counsellors’ lack of confidence may impede them from talking about sexuality issues with clients. This lack of confidence may be related to lack of experience, fear of what clients’ may disclose, or lack of knowledge of appropriate interventions. Alex reflected on how lack of comfort and confidence may hinder counsellors from actively integrating sexuality into counselling:

Why would a therapist bring that up? Number one, they may not know who to refer to, if they knew to refer. They may [believe that] I can't do it, I don't have any experience in this area, [so] I'm not even going to ask the question cause I don't want to open up that can of worms.

Avoidance. Lack of comfort and confidence may result in counsellors not asking or avoiding the topic of sexuality. Alex, who has sex therapy training, described how referrals are received from other counsellors wishing to avoid their own discomfort talking about sexuality issues with clients: “Other therapists . . . it's almost like it's a hands off. ‘Oh, you do that, I'll send that [client] to you,’ I'll get rid of this person that I don't know what to do with.” Unfortunately, avoidance may perpetuate counsellor’s barriers to actively integrating sexuality into counselling because they miss opportunities to practice and develop skills and comfort, as illustrated in Alex’s comment:

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Only by the fact that a [sex therapist] exists gives them some comfort. Because in most cases they don't wanna get into this area. They don't want to talk to their clients about sexuality. And they so they much rather send their clients some place else to deal with that. I think they're relieved that they don't have to work in this area.

Few sex therapists. At the same time that the existence of counsellors who specialize in sex therapy may promote counsellor's avoidance of talking about sexuality with their clients, the paucity of such specialized counsellors can pose a problem for clients. Two of the counsellors talked about the lack of identified sex addictions counsellors and sex therapists in their city. Alex questioned the accuracy of counsellors' websites and professional profiles in which they claimed to provide sex therapy when really only working in limited, sexuality-related areas:

At that time, I really couldn't find very many people at all who actually did sex therapy as opposed to psychological therapy for child abuse victims. Because most of the people who advertise as sex [therapists], it's about child sexual abuse. It's not about premature ejaculation, erectile dysfunction, low desire, those sorts of things.

At other times, counsellors may be out of practice, which can happen when working with specific populations or topics in which talking about sexuality may be inappropriate. Dana worked with male domestic violence offenders and pondered the effect of "what happens when a therapist stops talking about sex for four years and then gets back into talking about it a little bit more?" Being out of practice may also affect counsellors' confidence in actively integrating sexuality into counselling.

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Client barriers. The counsellors described clients as also presenting barriers to the active integration of sexuality in counselling. For example, the counsellors discussed clients' avoidance of discussing sexuality issues they identified earlier as counselling goals. Dana stated, "You want to honour that the client's bringing a valid topic to the session, but on the other hand you wonder are they avoiding the topic of sex. It creates a quandary about whether or not they're bringing other things to the therapy to avoid that subject." Clients' readiness to address sexuality issues can be compounded by relationship issues. Actively integrating sexuality into working with clients can pose unique challenges, as Dana remarked, "I think this area can be more difficult to work with in terms of the client's motivation because it's usually taking two people." Couples who began counselling to address sexuality issues may come to realize that these signify deeper relationship issues, causing fear and lack of motivation to continue counselling. Dana lamented that "it's kind of one of those things like where I think Gottman said that couples come to counselling like four or five years too late." The counsellors provided case examples to further illustrate this barrier:

It's come more to the surface that there are deeper foundational differences that they have, and they're scared that they aren't even a good match for each other kind of thing. They're struggling to know whether or not they belong together, when they first come to talk about their sexuality. (Dana)

This pattern can actually play havoc with what's going on in terms of their motivation, their willingness to continue on this path, to try and make it better. It's almost like there isn't enough time, they think. Not that they're looking for a quick fix, but the relationship is kind of kvoosh! [sucking-crashing sound]

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because she's not doing it right away or he's not able to get it up. Or, he's not willing to put the time and effort to connect with me more so I'm outta here. I get a lot of lines drawn in the sand.” (Alex)

Not the issue. At times it is not appropriate or effective to actively integrate sexuality into counselling. For example, “there are times when its put out there and a client doesn't bite, in which case you move on” (Dana). Counsellors must find a balance between assessing the importance and salience of sexuality as a topic for clients and respecting that the client knows best: “It goes back to assessing and if it's what the client wants to focus on, it's a priority; or it's important to them, then you go there. But if it's not, then we respect that” (Alex). At other times, counsellors are not practicing in an area or population in which it is appropriate to actively integrate sexuality, such as when Dana worked with mandated domestic violence offenders. Or, as Sage pointed out, sexuality may be an issue to address but not a priority, as in the case of a new mother: “She may even bring that up in the beginning, but you know it's not what's the priority here.”

Developing Skills for the Active Integration of Sexuality into Counselling

Barriers to the active integration of sexuality into counselling, as described by the counsellors in the study, highlight ways to develop and enhance this practice.

Broad and inclusive definition of sexuality. Dana described how developing a broad and inclusive definition of sexuality assisted in counselling clients regarding sexuality issues. This lens was developed in a graduate-level sexuality course: “The course was there, inviting therapists to start thinking about sex in different ways, broadening your lens on how you see sexuality, and to get comfortable talking about what you may have defined as weird sex before.” The invitation to think about sexuality

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differently included considering, according to Dana, “the various forms of sexuality [and] what is sexuality.” Defining sexuality broadly included conceptualizing sexuality as multidimensional, going beyond a limited definition of sexuality as meaning simply the act of sex. Alex also suggested counsellors “get a real idea [of] the difference between sexual orientation and gender identity and not mix them up.”

Nonjudgmental. As in the general practice of counselling, practicing nonjudgment and open-mindedness aids counsellors in effectively addressing and supporting clients in talking about sexuality issues. Clients, said Alex, “have to be able to feel safe in order to speak about things because [they] aren’t going to talk to you about sexuality if they fear that you're going to think it's weird, ultimately.” Regarding judgment, Alex also warned that “clients will pick up on that [and] they won't come back.” Open-mindedness and nonjudgment were described as particularly important qualities for counsellors working with sexuality issues, as Dana emphasized practicing being “more curious than [creating] any kind of story or judgment.” Alex summarized ways of approaching sexuality issues with clients that elicited comfort for clients: “I'm not gonna shame anybody, I'm not going to judge anybody. Different strokes for different folks. Might not be something I would do, but somebody else is getting pleasure. Great if it's not hurting anybody, everybody’s consenting.”

Self-awareness. Sage discussed the importance of practicing awareness of oneself in relation to the topic of sexuality to support integrating sexuality into counselling. For Sage, developing self-awareness began with an experience of being invited to reflect on their own relationship with their sexuality: “One of the things that he had us do was sort of describe what our relationship was with [sexuality] at time. At the time, I realized that

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I don't really have a clue! So that was really good for me because I really had to start working with that and start figuring that out.” When providing sexuality counselling, Sage suggested practicing present-focused self-reflection, such as asking oneself “what is coming up for me right now in the moment when I'm doing this work?” Counsellors may also benefit from reflecting on their competence and comfort about specific sexuality topics and knowing their areas of competency and off-limit topics, as Sage observed:

I'm not saying there won't be things that come up, that you might not go to supervision or a colleague for something. But you should have some sense of ‘Can I really do this if this was presented to me?’ Cause, in fact, we don't always know what's gonna be presented.

Separating personal issues. Another tool in developing skills to actively integrate sexuality into counselling is separating one's personal values, beliefs, and experiences about sexuality from those of their clients. This includes separating the value placed on sexuality, as Sage highlighted: “My own personal thing about [what] I want [sexually] active and alive in my own life going forward isn't relevant.” Counsellors should not be forcing clients to focus on addressing sexuality issues or enhancing their sexuality if these are not priorities or relevant areas for clients, as further explicated by Sage's experiences.

That's probably one of the hardest learnings for me around working with this, is keeping my own personal preferences out of it. My task is to do what they say they want me to do. Not to convince them they should be working on that part because it's my passion that people enhance and enrich that part of them and that we heal.

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As well, self-reflection can aid counsellors in becoming aware of how their personal values and biases may be impacting their ability to benefit clients. Sage shared an experience of supervising two counsellors who were struggling to separate their own values and beliefs from those of their client:

They realized that they wanted to stay neutral or at least be able to be effective with the client, but they actually were carrying quite a bit of judgement. Both of them realized that until they did more personal work around this and how to separate – I may personally think this is wrong and a line that I would not cross in [my] relationship that has nothing to do with serving my client. How do you [do] that? How do you separate those two things? I do think it's possible. One of them recently has decided they can see couples, and one of them is still working on it.

Although Sage implied the potential harm of counsellors not being able to separate their personal beliefs and values when addressing sexuality issues, Alex suggested the benefit of counsellors working through their own negative or traumatic sexuality-related experiences was so that those experiences do not become barriers to supporting clients and may even be used therapeutically:

Maybe that's what would be missing in training of future psychologists in this area, being able to move past their own experiences and be able to speak to them. So, if there has been some sexual trauma or violence, that their ability to do process work around that or healing could help them with clients, just to sit with clients, to be empathetic with clients.

Training/courses. All three counsellors stressed that graduate-level counselling students need sexuality-specific training and “that nobody would get a degree in

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psychology without taking several courses in various kinds of sexuality” (Dana). The counsellors pointed out a dual benefit of graduate students taking such training. First, it would promote self-reflection and self-awareness on the topic of sexuality, as Sage suggested: “I think that would start with some courses designed for personal exploration of our relationship and then build from there.” Secondly, such courses would expose students to this area of practice and, according to Dana, “they’re gonna become more comfortable, and they’re ‘Oh! This might be an area I might be able to go into.’” Alex suggested that students do the following to develop skills to actively integrate sexuality into counselling:

If their university or institution doesn't have [sexuality courses] to go to some workshops. Even if they aren't going to work in the area of sexuality, to do a workshop or two so they can talk to their client, a little bit about it and then refer if they don't want to work in that area. I don't think people can go out there and wing it. I really don't. You're gonna waste clients' time and money.

Additionally, Alex suggested that counselling students and practitioners would benefit from having a “background about the PLISSIT model [and] that it’s just a bit of information that somebody needs and that will resolve the issue.”

Continuing education. All three counsellors also emphasized the importance of continuing education to aid professional growth and skill development for the practice of integrating sexuality into counselling. Considering the dearth of sexuality-related training offered for graduate-level counselling students, continuing education may fill in training gaps and increase counsellors’ feelings of competency and comfort in talking about

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sexuality with clients. Alex remarked that they were “always on the lookout for conferences or workshops or some such things just to keep abreast of everything.”

All counsellors described undertaking self-directed continuing education. Dana suggested that counsellors “have to continue reading theory and reading the latest ideas around the topic. Having ideas like popular culture ideas, other theories around sexuality, relationships, or with yourself.” The other two counsellors reported keeping abreast of sexuality topics and sexuality counselling through reading sexuality journals, sex therapy texts, relationship counselling theories, and watching TED talks. It was suggested that counsellors attend a Sexual Attitude Reassessment (SAR), a workshop designed for helping professionals to encourage self-reflection on sexuality issues and obtain information to assist them in supporting clients regarding sexuality (Maguire, 2005).

For Alex, continuing education supported their work with clients with sex or pornography addictions: “I'm so glad I went [to sex addictions conference]. I would go to more because I have a number of people who come in here and sometimes their sex life isn't going well and I dig a little deeper and I find out you know that there's some porn involvement.” Dana expressed a desire to obtain further sex addiction training to support clients with such issues.

Exposure. Counsellors also described how exposure to sexuality in the form of learning about various sexual practices, communities, topics, and issues helped to develop self-awareness and provided foundational knowledge to be able to work with a diversity of clients. Exposure occurred through graduate sexuality courses, attending SAR workshops, and interacting or observing individuals or practices from specific sexuality practice communities or sexual identities. For example, Alex stated that,

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because of research endeavours, they have “had the opportunity to go to some places where most people don't get a chance to go,” such as observing bondage-discipline, domination-submission, sadomasochism (BDSM) practices. Dana, who took a sexuality course through their marriage and family therapy program, described how the course “was really about exposing us to alternative ways of viewing sexuality. It was really about exposing us to things that might surprise us or might confuse us.” Course readings served a similar purpose:

When you're about to have conversations with people, reading that book you're about as shocked as you can be about what sex can look like for people! So better to get [that] out of a book than to be surprised by people in front of you. (Dana)

Exposure also came through practice and reflecting on sexuality topics or issues. For example, Sage spoke about their professional maturation in being able conceptualize BDSM complexly:

I remember the early days of when somebody would come in with S&M things. I mean, that was an edge for me that I had to personally do some work around. It's not been anything that I've ever been interested in experiencing or experimenting with. But I've worked with enough people with it that I don't always think that there's a neuroses or pathology, or there's something to fix.

Practice creates comfort. Ultimately it is the practice of broaching sexuality and talking about it with clients that will enhance counsellors' ability to actively integrate sexuality into counselling. As Dana pointed out, “it's the practice that gets you eventually comfortable with it. So that comfort level isn't going to happen through a course.”

Raising the topic of sexuality and talking about it in session allows counsellors to

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experience their own discomfort and move through it. Dana suggested “really monitoring your own levels of anxiety” when talking about sexuality with clients. Practice doesn’t just allow counsellors’ to address their own discomfort, but also allows them to sit with their clients’ discomfort. Alex suggested to “just to be comfortable with [clients’] un-comfortableness initially,” as this aids clients: “I’m so used to talking about it. I think that helps [clients] feel more comfortable. So to be able to just kind of put it out there and be, you know, matter of fact about it,” (Alex). Ultimately, counsellors need to put into practice what they have been reflecting and learning about and broach the subject of sexuality with clients because “just waiting for those experiences to come, um, doesn't really prepare you for those conversations.”

In summary, the counsellors shared their lived experiences regarding the practice of integrating sexuality into counselling. Integrating sexuality into everyday counselling conversations started with defining sexuality broadly and holistically prior to talking with clients and understanding the various facets that both comprise and influence human sexuality. Such conceptualizations influenced the counsellors’ practice because these alerted them to the significance of sexuality in clients’ wellbeing and how sexuality is often connected to other presenting issues. The counsellors described many similarities between the general practice of counselling and counselling in which they actively integrate sexuality. The barriers to the integration of sexuality into counselling, described by the counsellors, included those experienced by both clients and counsellors. Sometimes sexuality is not the most urgent or salient issue for clients. Unfortunately, when clients want to address sexuality issues, counsellors may not be able to support them due to a lack of comfort and feelings of incompetence that are related to a lack of

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adequate training. The barriers that counsellors experience contribute to the gap in sexuality counselling services. However, the counsellors described how to address these barriers, chiefly through the training of counselling students and practicing counsellors to develop their comfort and competence.

Discussion

Counsellors who actively integrate sexuality into counselling understand that supporting their clients in moving toward wellness includes supporting them regarding sexuality because, as reflected in the literature, sexuality is a life-long developmental process and a core component of wellness (Cupit, 2010; Mallicoat, 2012). When counsellors support clients with sexuality issues, they help challenge rather than perpetuate conditions that contribute to the development of sexuality issues, such as lack of sexual education, poor sexual communication, hypersexualization, shame (Buehler, 2013; Byers, 2011; Harris & Hays, 2008; Meritt, 2011; Ng, 2006), sexual oppression (Harris & Hays, 2008), and societal discomfort with sexuality (Binik & Meana, 2009; Buehler, 2013; LoFrisco, 2008; Pukall, 2009).

Many elements of actively integrating sexuality into counselling are similar to the general practice of counselling and begin with the development of a conceptualization of sexuality as an integral component of wellness (Buehler, 2013; Mallicoat, 2012; Pukall, 2009). This study suggested that addressing sexuality in counselling includes appreciating the role sexuality plays in wellness, initiating conversations about sexuality directly and early, and assessing sexuality issues (Buehler, 2013). Counsellors wanting to integrate sexuality into counselling may benefit from using the PLISSIT model (as cited in Taylor & Davis, 2006), as identified in this study. Counsellors do not need to be sex therapists to

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provide clients with a nonjudgmental space in which to discuss sexuality issues or to provide basic information and education, challenge myths, and normalize sexuality and/or sexuality issues – all important elements of addressing sexuality issues and the factors that contribute to them.

The participants in this study identified as counsellors who have integrated sexuality into their counselling practice and not solely as sex therapists. The experiences they shared about their practice demonstrated that sexuality counselling is not separate from counselling but rather a part of it (Binik & Meana, 2009; Pukall, 2009). Integration of sexuality into generalist counselling practice addresses the lack of sexuality-related counselling services, client barriers this study identified, and addresses the philosophical gap between sex therapy and psychotherapy (Berry, 2012; Binik & Meana, 2009; Ng, 2006; Pukall, 2009). An integrative approach will facilitate the reduction of societal and counsellor discomfort with sexuality, which contributes to creation of the specialization of sex therapy as separate from psychotherapy (Binik & Meana, 2009; Pukall, 2009).

The barriers to adequate provision of sexuality-related counselling services identified in this study can be linked to the lack of adequate training and practice opportunities for counselling students and practicing counsellors. Consistently offered training opportunities are a necessary step toward addressing service gaps (Krenzel, 2011; Mallicoat, 2012; Miller & Byers, 2010; Reissing & Di Giulio, 2010) and the conditions that perpetuate sexuality issues (Binik & Meana, 2009; Pukall, 2009). This is reflected in the literature, which has revealed the desire by counsellors for increased training for sexuality-related counselling (Harris & Hays, 2008; Miller & Byers, 2008, 2010; Reissing & Di Giulio, 2010; Timm, 2009). Sexuality training should not, however,

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focus exclusively on sexuality information and intervention strategies. The importance of self-awareness and, in particular, of critical reflection and not imposing personal values on clients, is increasingly emphasized in the professional literature on sexuality training of counsellors (Buehler, 2013; Humphrey, 2000; Maguire, 2005; Ridley, 2006). In the area of sexuality, where clients often come to counselling having internalized negative sociocultural messages and carrying shame (LoFrisco, 2013; Ridley, 2006), it is particularly important that counsellors take active steps to increase their active appreciation of diversity and to deal with their own personal values, which may impede competent and ethical practice with all clients (Buehler, 2013; Humphrey, 2000; Maguire, 2005; Ridley, 2006). One option for doing so, noted by counsellors in this study, are SAR workshops that provide intensive, group learning opportunities for sexuality professionals (i.e., sex therapists and sexologists) and health professionals from various fields (Barratt, 2008; Maguire, 2005; Sitron & Dyson, 2004). SAR participants are directed to develop their self-awareness on a range of sexuality issues and to critically examine how their values potentially impact interactions and service provision with clients (Maguire, 2005; Sitron & Dyson, 2004). Developing comfort and obtaining training regarding sexuality issues in counselling will assist counsellors and the counselling field in integrating sexuality. Pukall (2009) succinctly stated that the "key to being a good sex therapist is to be a good therapist overall *and [sic]* to be comfortable dealing with sexual issues" (p. 1040).

Implications

The results of this study suggest that the gap in sexuality-related counselling services identified in the literature and reinforced in this study might be closed by

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developing the comfort and competence of counsellors through counsellor training opportunities. First, all graduate level counselling students, not only marriage and family therapy students, may benefit from completing sexuality training, and sexuality may be considered as a core competency in the development of accreditation standards (CCPA, 2002; CACREP, 2016). Additionally, adding a course on sexuality counsellor and/or infusing sexuality competency development into existing courses would enhance students' development of a holistic view of sexuality and an understanding of how sexuality is a core component of clients' lived experiences (McCave et al., 2014).

Second, a comprehensive and integrative approach to providing sexuality-counselling training would be most effective. This would include integration of sexuality-counselling training in graduate training generally, such as instruction, independent study project, observational learning, and supervision (Mallicoat, 2012; Miller & Byers, 2008; Reissing & Di Giulio, 2010). This would be enhanced through modelling and mentorship by instructors (Cupit, 2010; Giami & Pacey, 2006; Harris & Hays, 2008; LoFrisco, 2013). Training would include review of the PLISSIT model (as cited in Taylor & Davis, 2006), and focus on developing counsellors' competence and comfort by providing a combination of theory, practice of skills and application of theory, and self-reflection (Buehler, 2013; Humphrey, 2000; Maguire, 2005). The self-reflective elements would encourage student's development of self-awareness in relation to sexuality topics, sexuality issues commonly arising in counselling, beliefs and attitudes, and potential biases or conflicts of values they need to resolve (Buehler, 2013; Humphrey, 2000; Maguire, 2005; McGlasson et al., 2014; Ridley, 2006).

Limitations and Future Research

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This study explored the experiences of, and counsellors' practice of, integrating sexuality into counselling; it did not explore the experiences or perspectives of clients regarding this practice. This study also only examined the experiences of counsellors already practicing in the area of sexuality counselling and may have benefited from exploring the voices and experiences of counselling students. Future directions for research may focus on evaluating the implementation of sexuality counselling training (Humphrey, 2000; Maguire, 2005; McGlasson et al., 2014) from the perspective of both students and practitioners. Research could be furthered by examining the most effective modes of training to develop counsellors' competence and comfort to provide sexuality counselling, such as a single course design, the integration of sexuality into existing courses, or a combination of both. Research on clients' experiences and perspectives of participating in counselling in which sexuality is integrated would also enhance findings in this area. Lastly, this study applied a narrative lens to thematic analysis of six interviews; future studies using thematic analysis may consider using larger data sets.

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Counsellor Experiences Related to the Active Integration of Sexuality into Counselling

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Abstract

This study explored the experiences of three Canadian counsellors who identified as actively integrating sexuality into counselling practice, using a narrative lens applied to thematic analysis. Interpretation of data revealed an overarching story of counsellors' experiences related to the active integration of sexuality into counselling and included four main themes: (a) clients' common sexuality issues; (b) counsellors' perceptions of their client's experiences of talking about these issues; (c) counsellors' experiences of providing counselling in which sexuality is actively integrated; and (d) development as counsellors who practice in this manner. Sexuality should be integrated into counselling and oppressive sociocultural narratives challenged.

Keywords: Sexuality, sexuality-counselling, counsellor training, thematic analysis

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Counsellor Experiences Related to the Active Integration of Sexuality into Counselling

Many counsellors and counselling psychologists are not talking about sexuality with their clients, despite the fact that they identify that sexuality issues consistently arise in their counselling practice (Byers, 2011; Giami & Pacey, 2006; Reissing & Di Giulio, 2010) and that they view sexuality as a core component of wellness (Mallicoat, 2012).

When counsellors do not address sexuality issues with clients, they perpetuate sociocultural discourses of shame, stigma, and oppression that contribute to sexuality issues (Byers, 2011; Harris & Hays, 2008; LoFrisco, 2013; Meritt, 2011; Ng, 2006).

Clients are likely to present with sexuality related issues in counselling precisely because sexuality is a core component of wellness. As an integral aspect of human functioning, sexuality includes mental, physical, emotional, and spiritual dimensions, and spans across the lifetime (Byers, 2011; World Health Organization [WHO], 2010). Therefore, client sexuality concerns may arise in counselling practice directly or indirectly when connected to other presenting issues (Bogey, 2008; Byers, 2011; Ford & Hendrick; 2003; Giami & Pacey, 2006; Harris & Hays, 2008).

Counsellors are often seen as the helping professionals of choice to talk about sexuality issues. Both individuals and other health professionals may seek out psychologists when faced with a sexuality issue, because they are perceived as sexuality and/or relationship experts (Haboubi & Lincoln, 2003; Harris & Hays, 2008; Reissing & Di Giulio, 2010). Perceptions that counsellors are sexuality experts may be related to the historical roots of the field of psychotherapy, specifically to Freud's psychosexual theory (Berry, 2012; Berzoff, 2011; Freud & Chase, 1925). Indeed, counsellors may be the best fit to discuss sexuality concerns because sexuality is interrelated with other aspects of life

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and other presenting issues (WHO, 2010), and counsellors are more likely to take a holistic and wellness approach rather than a dysfunction or biomedical approach to sexuality, compared to other helping professionals, including sex therapists (Mallicoat, 2012; Southern & Cade, 2011).

Sexuality issues are prevalent presenting concerns for clients. In their survey of 188 practicing psychologists in one Canadian city, Reissing and Di Giulio (2010) demonstrated that sexuality issues consistently occur within psychologists' practices. However, many counsellors do not explore issues of sexuality with clients, do not initiate conversations, or even avoid talking about sexuality. Reissing and Di Giulio found that 60% of the Canadian psychologists surveyed rarely, if ever, ask clients about sexuality topics. It appears that, although counsellors identify the need for sexuality training, very few are initiating conversations with their clients (LoFrisco, 2013; Reissing & Di Giulio, 2010). Miller and Byers (2010) reported similar findings; only about 21% of Canadian and American clinical or counselling psychologists asked their clients about sexuality issues. Differences in approaches to sexuality may exist between individual-, couples-, and family counsellors. Couples counsellors, for example, broached the topic of sexuality with about 50% of their clients and more often with couples than with individual clients (LoFrisco, 2013).

Ambiguity about their own professional roles and boundaries and the growing biomedical perspective of sexuality problems may hinder counsellors from initiating conversations about or addressing clients' sexuality concerns (Mallicoat, 2012). Mallicoat (2012) pointed out that many counsellors view sexuality counselling as a specialization and not as a core competency. Unfortunately, this leads to many counsellors referring

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clients to sex therapists and not raising the subject directly (LoFrisco, 2013; Mallicoat, 2012; Southern & Cade, 2011). The field of sex therapy has been highly medicalized, leading to the view that sexual issues are isolated, organic problems that require biologically based, medical interventions (Berry, 2012; Giami & Pacey, 2006; Kleinplatz, 2013; Mallicoat, 2012; Nasserzadeh, 2009), which must be addressed by specialists (Krenzel, 2011; Nasserzdeh, 2009; Southern & Cade, 2011). Confusion occurs for counsellors and clients about sex therapists' roles (Krenzel, 2011; Nasserzadeh, 2009; Southern & Cade, 2011). Additionally, existing divisions persist between the disciplines of sex therapy and psychology (Binik & Meana, 2009; Ng, 2006). Historical and paradigmatic shifts led to the removal of sexuality from psychology to a specialization of sex therapy/sexology that includes a biomedical model of sexuality. Reliance on such approaches perpetuates the perspective that sexuality issues are isolated and focused solely on the physiological, and that they are best addressed with biomedical approaches (Berry, 2012).

Despite counsellors' lack of inclusion of sexuality in counselling, they identify sexuality as a holistic and core component of wellness. Studies have revealed that program directors of graduate psychology programs (Asher, 2007; Wiederman & Sansone, 1999), graduate psychology students (Haag, 2008; Meritt, 2011), practicing psychologists (Harris & Hays, 2008; Miller & Byers, 2008; 2010; Reissing & Di Giulio, 2010; Timm, 2009), and other health professionals (Haboubi & Lincoln, 2003; Weerakoon, Sitharthan, & Skowronski, 2008) agree on the importance of sexuality for human functioning and the necessity of training for health professionals working with clients. Mallicoat (2012) found that counsellors viewed sexuality as holistic, from a

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developmental perspective, and as core component in wellbeing. Counsellors also identified the importance of supporting clients regarding sexuality and the necessity for increased training on sexuality (Mallicoat, 2012). This emergent consensus on the importance of sexuality to counselling is not, however, mirrored in actual reported practice by counsellors or psychologists (LoFrisco, 2013; Miller & Byers, 2010; Reissing & Di Giulio, 2010).

The limited research on counsellors' approaches to sexuality in counselling is mainly quantitative (Asher, 2007; Miller & Byers, 2008, 2009, 2010, 2012; Nathan, 1986; Wiederman & Sansone, 1999), which has provided the context for framing this research study; however, it does not provide in-depth understanding of the complexity of the phenomena of counsellors choosing to actively integrate sexuality into practice. Several qualitative studies have added richness to our understanding of counsellors' conceptualizations of sexuality (Mallicoat, 2012); the experiences of specialists such as sex therapists or sexologists (Ng, 2006); and the differences between sexuality educators, sexuality counsellors, and sex therapists (Krenzel, 2011). A recent mixed methods study examined counsellors' perceptions of their comfort in addressing client sexuality issues and how supervisor support affected this (LoFrisco, 2013). However, no qualitative research exists on counsellors' experiences of actively integrating sexuality into their counselling practice.

Researcher Context

The use of *I* refers to the voice of the primary author; this study informed my master's thesis. I worked in the field of sexual health promotion for ten years, primarily in community-based organizations with feminist roots, before beginning graduate

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education. Through this work, I had the opportunity to be a part of many conversations about sexuality that challenged, broadened, and deepened my understanding of sexuality and positively affected the way I worked with clients and the community. I believe that these conversations also contributed to discourses of sexuality as healthy, holistic, and something that can be talked about in normalizing ways. These experiences contrasted with those in my graduate program, where sexuality was rarely addressed in ways that encouraged students' developing self-awareness of personal biases and values that may detrimentally affect their counselling practice and relationships with clients. I was curious how the lack of consistent sexuality training provided for graduate-level counselling students (Miller & Byers, 2010, Reissing & Di Guilio, 2010) could be addressed. I wanted to learn from counsellors who identify as actively integrating sexuality in counselling about their views on, and development of, this practice.

Purpose and Research Question

The purpose of this study was to explore the experiences of counsellors who actively integrate sexuality into counselling practice, applying a narrative lens to thematic analysis in the interpretation of the data. The intent of this study was to gain a deeper understanding of the integration of sexuality into day-to-day conversations with clients, counsellors' development of this practice, and how counsellors are changed professionally and personally by actively integrating sexuality into their practices. I asked the following research question: What are the experiences of counsellors who actively integrate sexuality into their counselling practice?

Method

Conceptual Frameworks

The conceptual frameworks according to which this inquiry was conducted included post-modern, constructivist, and feminist/critical theories. Post-modern and constructivist theories assert the existence of multiple realities and position reality and meaning-making as co-constructed through social interaction via language (Gergen, 2000; Neimeyer, 2009; Neimeyer & Raskin, 2000). Feminist/critical theories deconstruct oppressive discourses and construct alternate discourses, encourage reflexivity in relation to oppressive practices and privilege, and advocate for social change (Fox, Prilleltensky, & Austin, 2009; Goodman, Helms, Latta, Sparks, & Weintraub, 2004).

A narrative lens was chosen owing to the congruency of its philosophical underpinnings with these conceptual frameworks. The historical roots of narrative inquiry are grounded in the liberation movements, thus, like feminist theories, applying a narrative lens creates space for the voices and stories that are traditionally marginalized and unheard (Butler-Kisber, 2010; Denzin & Lincoln, 2011). Also, the narrative lens reflects the counselling process, which is often co-constructed and relational through the exploration of personal narratives (Chase, 2011; Monk, 1997; White, 2007).

Participants and Research Process

I interviewed three counsellors about their experiences of actively integrating sexuality into counselling. Participant inclusion criteria were practicing counsellors who (a) have completed graduate level education in counselling or counselling psychology and are registered with a provincial or national counselling/psychology regulatory body; (b) identify as actively integrating sexuality into their counselling practice; (c) have had

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at least five years of counselling experience; (d) may or may not have additional training in sex therapy; and (e) are not registered as sex therapists or sexologists.

Once approval for the study was received from the Athabasca University Research Ethics Board, I contacted three counsellors via snowball sampling. I knew two of them through professional contacts, and I recruited one through an academic contact. I provided information about the study topic and purpose to the potential participants. Upon their agreement to participate in the study, I scheduled initial interviews and, prior to the first interviews, emailed further information about the study, potential interview questions, and the consent form to each counsellor for them to review. I interviewed each counsellor twice, in the privacy of their offices, with a 3-4 week span between first and second interviews. The counsellors practiced in two Western Canadian provinces. I obtained informed consent prior to first interviews. The unstructured, open-ended, audio-recorded, face-to-face interviews averaged 65 minutes (range 61-98 minutes). I began the first interviews with an introduction to the research topic to prompt the counsellors to share their experiences of actively integrating sexuality into counselling. I asked broad and open-ended questions to encourage the counsellors' reflection and sharing of their experiences in an organic manner. After each interview, I made analytic memos (Clandinin & Connelly (2000) and reflected in my journal, which provided insights about the counsellors' experiences and emerging themes.

The three counsellors who participated in this study came from different training backgrounds, practice approaches, and professional licensing, for example, marriage and family therapy, sex therapy, and transpersonal psychology. Although differences existed

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between the counsellors' backgrounds, all identified as actively integrating sexuality into their counselling practice.

Data Interpretation

Data was interpreted by applying a narrative lens to thematic analysis as outlined by Braun and Clarke (2006). Braun and Clarke described thematic analysis as a flexible method compatible with constructionist paradigms of psychology that allows for patterns to be identified across large data sets to create an overall story about the data.

I transcribed audiotaped interviews verbatim to get even closer to the data. I preserved participant anonymity by altering or eliminating personal identifiers such as names, locations, gender, and other sensitive information. Reading texts repeatedly fostered familiarization with the data. Initial codes were generated by inductive conceptual grouping of data across the counsellors' experiences in a systematic fashion, by highlighting and coding texts. Once initial codes were identified, they were then collated. Collated codes were distilled and organized into themes, which were checked against transcripts to reflect the coded extracts and the entire data set. Themes were then organized into higher-level, main themes, and I wrote clear descriptions of the them and organized them into a thematic map of the analysis, to tell a story of counsellors' experiences of actively integrating sexuality into counselling practice. Although these steps may imply a straight-forward approach, coding was an inductive, recursive process that involved multiple readings and checking of the transcripts, while keeping in mind the research question and conceptual frameworks. The main themes fell naturally into two larger groupings to generate storylines about counsellors' experiences of integrating sexuality into counselling. The first storyline focused on the practice of actively

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integrating sexuality into counselling and is presented in a separate manuscript (see Sangra & Collins, 2016). The second storyline, presented in this manuscript, focuses on the experiences of counsellors regarding this practice.

Rigour and Trustworthiness

I endeavoured to enhance the rigour and trustworthiness of this qualitative study through a number of activities. Qualitative research encourages researcher reflexivity throughout the entire research process to increase transparency. Hiles and Cermak (2010) explained that “reflexivity highlights the fact that the researcher has a participatory role in the inquiry, is part of the situation, the discursive context and the phenomenon under study” (p. 11). I kept a reflective journal throughout the research process to foster self-awareness of (a) researcher bias in the selection and design of the study and data interpretation process and (b) how the research process, in turn, influenced me.

Journaling served to help capture my thoughts on developing themes. I also practiced reflexivity by situating myself as a qualitative researcher (Clarke and Braun, 2013; Clandinin, 2013; Denzin & Lincoln, 2011; Freeman, 2007) and identifying how my personal experiences of counselling and working in the sexual health field influenced this study. I kept an audit trail to enhance transparency of the research process (Hiles & Cermak, 2010), in which I reported each research step and activity taken, such as methodological decisions, detailed data analysis steps, and how data was written up.

I endeavoured to build collaborative and respectful relationships with co-researchers by explaining the research process and purpose, clarifying their roles in the process, and engaging them in the informed consent process. The process of member-checking with participants provided opportunities for me to connect with them and clarify

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my understanding, analysis, and presentation of the counsellors' experiences (Creswell, 2013; Loh, 2013). I provided copies of the data interpretation and write-up to the counsellors for their feedback on accuracy and credibility (Creswell, 2013). Peer validation, a subcategory of member-checking as described by Loh (2013), was conducted by periodically sending summary documents to identified peers and my supervisor for feedback on the qualitative data analysis process. Lastly, to ensure rigour and trustworthiness and to go beyond descriptions of the themes, I connected the themes to tell an overall story of the counsellors' experiences, using their words in the data write-up (Braun & Clarke, 2006, 2012; Loh, 2013; Pinnegar & Daynes, 2007; Polkinghorne, 1998).

Results

I captured, from the counsellors' perspectives, their experiences of actively integrating sexuality into counselling and analyzed themes across the range of those experiences. Four main themes emerged through the data interpretation process: (a) clients' common sexuality issues; (b) counsellors' perceptions of their client's experiences of talking about these issues; (c) counsellors' experiences of providing counselling in which sexuality is actively integrated; and (d) development as counsellors who practice in this manner. These main themes are described in the following sections and are listed in Table 1 with their themes.

I use the pronouns "they" and "their" as singular pronouns both to mask the gender of the participants and to support non-binary perspectives on gender through gender-neutral language use (Killermann, 2016a). I have also used commonly identified

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gender-neutral names for the counsellors to reduce identification by gender. The three counsellors who shared their experiences are Alex, Dana, and Sage

Table 1

Themes

Level 2 themes	Level 1 themes
Client issues	Complex and holistic Disconnection Lack of information and misinformation Shame Relationships and communication Pornography and addictions Other client issues
Counsellors' perceptions of client Experiences	Fear Vulnerability Communication style Relief and fun
Counsellor experiences	Misperceived Boundaries Overwhelmed Validation
Counsellor development	Influences Sexuality as relevant Reflexivity of own sexuality Radicalized

Client Issues

The counsellors in the study recounted the sexuality-related issues that led their clients to seek counselling. A diversity of sexuality issues were identified by the counsellors, such as those affecting individuals and couples, sexual dysfunctions, sexual trauma, and sexual practices such as bondage-discipline, domination-submission, sadomasochism (BDSM) and polyamoury, the practice of having consensually nonmonogamous relationships or relationships with multiple partners at the same time (Killermann, 2016b). The diversity of sexuality issues the counsellors identified

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demonstrates the need for counsellors to actively integrate sexuality into counselling practice.

Complex and holistic. The counsellors described sexuality as connected to other aspects of life and other presenting issues and, therefore, they considered clients and their presenting issues holistically and uniquely. As Alex pointed out, “Even if they put in one problem, it's so influenced by everything else in their lives. It's almost, ‘I'm looking for an individual solution’ that's not out there.” Sexuality may be indirectly connected to other presenting issues, or vice versa. Dana, for example, remarked, “I have had clients come to counselling for other issues, which are impacting sexuality and, in dealing with those other issues, sexuality is enhanced.” Additionally, addressing other salient client issues in counselling first may allow clients to develop comfort and rapport to raise sexuality issues. Alex described their experience: “Even if people come to me not because of a sexual problem, and they just want therapy . . . I have a sense of them being able to relax into it more, talking with me, and then to bring up sexual issues.”

Disconnection. Two counsellors described the sexuality issue of disconnection from their self and sexuality, resulting in sadness and confusion. As Sage succinctly stated, “Sometimes its just people are really frustrated about their sex life.” For example, a client may “have this deep longing to have some sort of healing, a relationship” (Sage). Such disconnection may permeate how individuals connect to others, within relationships. One of Dana’s clients “shares her sex with men, but she doesn't share her intimate sexuality with men.” Lack of connection and intimacy with self and with others may affect clients’ sense of satisfaction and intrinsic worth. For example, Sage explained that

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“some people understand that the way they feel repressed about their own sexuality or confused has everything to do with their self-esteem and self-confidence.”

Lack of information and misinformation. The lack of accurate information and proliferation of misinformation about sexuality can greatly contribute to or exacerbate sexuality issues. Sage exclaimed

It's amazing the things that we get in our heads about sex, what we believe about it, and how we've been influenced from previous generations in our own families!

And being able to talk about it or not talk about, and ask questions or not!

Clients may experience grief when they realize how lack of information has impacted their lives and sexuality, as Sage illustrated with an example from practice: “The consistent theme for fifteen years is grown men crying and saying ‘why didn't anyone tell us about this? I could have learned so much. I didn't know that about women’ . . . I mean, they literally cry.” Counsellors in this study talked about clients turning to the Internet because “it's easier;” clients “may try it first before they get to a professional” (Alex). Information on the Internet can, however, exacerbate or create new sexuality related problems, as shown by Alex's case example:

I had one fellow in here and the issue was premature ejaculation (PE). He got onto some website and was following some program that somebody who wasn't a professional had created because he had been through this same issue himself.

One of the recommendations for PE, which my client was paying for and following, one of the steps was using porn to masturbate by. It was kind of exposure therapy. The client didn't have a porn issue but he had a PE issue. . . . I said that's not a very good idea at all.

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Shame. The counsellors portrayed clients as often experiencing immense shame about their sexuality and sexuality issues. Their clients struggled with their self-worth as sexual beings. For example, clients believed that “there must be something wrong with me or us” (Sage) or “I'm broken or I can't be fixed” (Alex). Clients' shame may result from unrealistic standards or from comparing themselves to others. They believed that “everyone else is having more sex, they've all got their ducks in the row, they're doing it, daily, multiple times a week. What's wrong with us? How come we're not keeping up with that?” (Alex). Sage added that shame comes from negative messages about sexuality that increase disconnection with sexuality and self: “I have everything left over from my church, mother, father, what culture told me. I was told I couldn't have a relationship with it [sexuality] and therefore I never had.”

Relationships and communication. Presenting sexuality problems may reflect underlying relationship issues, as Sage succinctly stated “It's still the biggest elephant in the room of the interior of relationships.” Alex argued that “a sex problem, it's like the canary in the coal mine. It's saying something about the relationship. There's something not working!” Emotional intimacy difficulties, communication problems, and lack of time were viewed as common relationship issues that affect couples' sex lives and can lead them to counselling. Clients may make assumptions, such as “we're going to have a good sex life automatically as long as we love each other” (Sage); yet couples often encounter relational issues that need to be addressed before or with their sexual problems. Dana described a case example of a couple in which one partner's addiction had “barred any sense of connection between them [and] introduced a heavy resentment and overarching anger . . . [and] she found herself repulsed by him.” Often clients do not

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“have the language or the communication” (Sage) or may be influenced by their personal histories and lenses when trying to communicate about sexuality issues with a partner. Emotional and sexual intimacy problems may be exacerbated when “[couples] only make enough time to have penile-vaginal intercourse, [and] they don't make enough time to relax into it and to feel good, comfortable, and cared for” (Alex). [Note: No assumption of heteronormativity should be read into this quote.]

Pornography and addictions. All three counsellors named pornography and sex addictions as a client issue they have encountered: “I work with a lot of individuals that are struggling with things like sexual addiction. Somebody could make a case that it's sort of epidemic” (Sage). Pornography use can potentially create additional sexuality problems. For example, Alex described working with a heterosexual couple and how, while working more directly with the female partner, “in the meantime [the male partner] started using porn, and now he has the problem instead” (Alex). Dana mentioned searching for sex addictions counsellors for a client and lamented missing a related training opportunity.

Other client issues. Clients may present with sexual dysfunction issues. For example, Alex identified “low desire, no desire, no orgasm, premature ejaculation, and erectile dysfunction” as common issues encountered in practice. All of the counsellors said they worked with clients who have experienced sexual trauma. Sage talked about the prevalence of the BDSM and polyamory communities in their city, and they often worked with clients regarding these practices. Sexual orientation and gender identity were other common topics that arose in Sage's and Alex's practices.

Counsellors' Perceptions of their Client's Experiences

The counsellors shared their perceptions of their clients' experiences of talking about sexuality issues in counselling. The counsellors observed how raising the topic of sexuality and discussing sexuality issues were often "challenging conversations for clients" (Dana) and involved a level of emotional vulnerability and risk for them. The counsellors described how their clients presented and discussed their sexuality issues in a direct or indirect manner, to which the counsellors had to adapt. Overall, the consensus among the counsellors was that their clients benefitted from talking about an often personal and sometimes difficult topic.

Fear. The counsellors perceived their clients as nervous and scared of being judged for talking about sexuality and having sexuality issues. Alex explained that for clients "there's a hesitation, a reluctance, a fear! A fear that I'll judge, that I'll shame them." Also clients may be unsure how to bring up the topic of sexuality, whether it is a topic that is okay to discuss in counselling, or how to talk about it generally. Dana observed that "you can kind of sense that they're really careful and really conscious about language."

Vulnerability. As one's sexuality and sex life can be quite personal, talking about it and sexuality-related issues with a counsellor often requires vulnerability from clients. For some individuals, said Dana, "feelings of self-efficacy, self-esteem, and adequacy are wrapped up in sex. Whether we're good at performing sex, whether we're sexy, if people find us sexy, if we're an attractive partner, if we're a good enough person." The counsellors pointed out that clients often looked uncomfortable and acknowledged the risk they took in talking about sexuality issues with their counsellors. Dana pointed out

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that clients “might not feel ready to dive into the first session.” Alex remarked, “It does surprise me . . . [that] some of them will go away, and they won't come back. And I think what it is, is it takes time.”

Communication style. All counsellors in this study observed that how clients’ approach and talk about sexuality spans a continuum of indirectness to directness and that it is important to match clients’ communication style. Alex explained that “some people I get in here and they are totally open, and then I get other people in here who can't say the word *penis*.” Clients’ indirectness was captured by Dana:

It's quite rare for people to say I'm here to talk about sex. People don't really do that. My experience so far has been that people skirt around it a little bit and describe some of the affected areas of their lives before they will explicitly say that it's sex.

Alex illustrated the contrast in directness and indirectness in talking about sexuality issues with clients:

Some people have no problem. They can get in here and talk about their erections not doing well and them being able to come. I have some guys who are really able to talk to me about it, and I have other guys who maybe can't say the word *penis*. It's quite a range. There's so many factors that go into whether somebody's gonna be comfortable talking about it. So from one extreme to other, I see the full gamut.

The importance of matching clients’ communication style was emphasized by Dana:

clients who prefer direct communication “want to explicitly have those conversations in counselling, and, if you're not having those conversations with them, they will find another counsellor, which is ultimately best for them.”

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Relief and fun. Once clients were able to talk about their sexuality concerns, the counsellors noted, they often experienced relief and even fun. Sage noted that “a lot of people are finally relieved, ‘oh, finally somebody’s asking me, now I sort of have to answer.’” Relief may allow clients to discuss sexuality issues in an exploratory fashion rather than a problem-focused way. Dana explained that clients may be “more open, more curious . . . hopefully willing to be more vulnerable with their own sexuality, with their partner, with their sexuality.” Dana provided a case example of the light-hearted manner in which a couple connected in session, despite the sexual problems they were experiencing: “They were giggling and were having fun with it. So, not sending mixed signals [or] not sending signals at all.” Alex pointed out that a potential benefit of clients talking about sexuality with their counsellor is the increased comfort in talking about other topics: “Once people have talked with me about their sexuality, my sense is they can talk with me about anything. If you share sexuality issues, you're going to be more comfortable talking about psychological issues.” Once clients are finally talking about sexuality issues, said Sage, the relief may even be profoundly liberating and life-changing: “I’ve seen the transformation of people who believe one thing about sexuality and then transform their thinking, which transforms their experience . . . Everything from ‘This part of me should always be ashamed and feel guilty’ to full ownership and empowerment.”

Counsellor Experiences

Clients were not the only ones affected by the experience of counselling in which sexuality was actively integrated. The counsellors shared how they, too, were affected by this work, specifically that (a) their professional roles were misunderstood by the lay

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public and even by other counsellors, (b) it was necessary to maintain boundaries, (c) they experienced immense validation, and (d) they felt overwhelmed by requests for services.

Misperceived. Being misperceived by others was a challenging experience that the counsellors in this study identified. Alex, who identified as a sex therapist, shared that the lay public often “[has] no idea. They think I'm a sex surrogate.” Further, “they try to figure out my [sexual] orientation; they also make assumptions about the kind of person you are. They assume that you have your ducks all in row, that we're having great, wild sex, swinging from the chandeliers.” Misperceptions were also encountered from other counsellors not specifically working in the area of sexuality-related counselling or lacking experience in actively integrating sexuality into counselling practice. Alex recalled an experience in which their professional role was exoticized by another counsellor:

I got email from [a counsellor] once, and she's advertising this party. It's a party invite, and she said [name] the sex therapist expert is going to be there! You haven't even invited me yet! And you're already advertising me!? Oh that pissed me off!

Some close others may also hold biases and ignorance about the professional role of counsellors who actively integrate sexuality into counselling. Alex commented, “My parents are no longer alive. I'm not sure what they would say about this . . . [I] didn't realize how close-minded some of my relatives were” in regards to their academic research experience and professional practice in a specific area of sexuality.

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Boundaries. Counsellors also acknowledged the importance of boundaries in the practice of integrating sexuality into counselling. Alex noted how their professional role as a counsellor who actively integrates sexuality into counselling practice “really made me aware of boundaries [and] how important they are, especially in terms of sex therapy.”

Being misperceived prompted this heightened sense of boundaries for Alex:

. . . be[ing] very careful about what I have to say in terms of sexuality, in terms of the meanings that somebody might take away from it . . . because I want to be clear that they're not going out there thinking that I've said something or meant something that would be uncalled for, would be suggestive.

Regarding touch, Alex explained that she informs clients that in therapy “there's no touch, there's no sex, there's nothing going on here [with the therapist] . . . and that I'm not going to make them do anything that's against their belief system.” This sense of boundaries also extended to separating personal and professional space: “I don't want clients knowing where I live. You don't want that anyway, but in working in this area, I wouldn't be comfortable in having some of my clients [in my home], especially initially when you don't know them.”

Overwhelmed. The counsellors described the experience of being emotionally affected by actively integrating sexuality into counselling practice, sometimes feeling sad and triggered. For example, Dana remarked on how witnessing clients' disconnection to their sexuality and personal power “may make me personally sad. And it's sometimes (sighs) I think causes a lot of despair.” Alex described how being saturated with sexuality problems negatively affected their perspective on sexuality: “I'm surprised anybody is sexual! I'm surprised the human race has continued because of what we have to do to

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continue the species!” Moreover, counsellors actively integrating sexuality into counselling practice may become overwhelmed by the sheer amount of requests for their services. Alex stated, “I am overwhelmed. I keep seeing the emails come in everyday, new clients. Not that all of them come, but the majority of them do.”

Validation. The counsellors emphatically described the validation they received in actively integrating sexuality into counselling practice with clients. As Dana observed, while raising the topic of sexuality is also uncertain for counsellors, the payoff can be worth it.

I think there's a level of vulnerability that the counsellor has in putting forth questions about sexuality, cause you're faced with the possibility that they reject that topic or area of themselves completely. Okay, fine, we move on. There's kind of a risk that a therapist takes in suggesting that we talk about sex.

Observing their clients change and experiencing shifts in the counselling process often confirmed for the counsellors that actively integrating sexuality was benefiting clients. Dana commented, “It feels quite validating to know that the questions you're asking are getting them excited about doing the counselling work and getting them excited again about their relationship.” Helping clients took the form of transforming clients' ideas that negatively impacted their sexuality: “I think the little ping was her belief going blaarhh! So she went home and did it like bunnies” (Alex). Validation also came from observing couples increased emotional and sexual connection. As Alex remarked, “I'm so glad I'm comfortable with trying to help other people kind of get together.” Referring to changing attitudes and greater acceptance of homosexuality and transgender identity, Sage remarked that “it's a celebration to me.”

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Dana expressed a sense of excitement and fulfillment about working in this area:

Part of what excites me so much about doing therapy is that you're getting to meet with people in a very vulnerable position. That's an immense privilege as a therapist to meet with people at their most vulnerable. And sex is that with me! I just love going to that really small place that where they're feeling the most vulnerable, and being with people, caring with people, respecting people in that place. It's a huge privilege and a huge interest of mine in being a therapist.

Two of the three counsellors also spoke of the benefits of actively integrating sexuality into counselling, beyond the individual practitioner, to the field of counselling and society in general. Dana reflected, "Hopefully to the public eye it appears that this field is a place where they could talk about their sexuality." Summarized by Sage, the active integration of sexuality into counselling "can just open up so much for people [and] benefits everybody."

Counsellor Development for the Active Integration of Sexuality into Counselling

In this section, I explore the experiences of how counsellors came to the practice of actively integrating sexuality into their counselling practice and to develop as counsellors who practiced in this manner.

Influences. Counsellors described a variety of influences that led them to integrate sexuality into practice, including life, academic, and counselling experiences.

For example, Sage shared early life experiences that influenced their interest in sexuality:

When I was a very young [child], I had some experiences that weren't really sexual in nature; they were more spiritual. But they certainly started out in nature and as a sort of root chakra experience. So it took me years and years to figure out

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that I probably had a kundalini experience of some kind. As a child I didn't know what it was. And I was abused when I was a child. I think having the polarities of those two experiences, sort of set off a path.

Kundalini, according to Hindu and tantric traditions, is defined as the latent coiled energy at the base of the spine that, once aroused, leads to spiritual awakening (Gopi, 1997; Taylor, 2015). Dana noted being “exposed to the couple and family therapy program,” through which sexuality-training was provided, and now focusing on working with couples and sexuality issues in their practice. For Alex, a formative client experience set them on a path to obtain specialization in sex therapy:

I had a client who was 17 going on 18. All of my colleagues were quite interested in him because he'd come up the walk and he'd have flowing curls and just kind of tossing hair around a bit. They kept on saying ‘oh, he must be gay, he must be gay!’ And I thought ‘nooooo, I don't think so!’ I know a lot of gay males, and he doesn't present as that. About half way through, he disclosed that he had always wanted to be a woman.

Sexuality as relevant. The counsellors reflected on how practice in this area developed their understanding of the relevance of sexuality for their clients and the importance of talking about it with clients. Dana explained that “as I get more experience because of what people are bringing forward, then I have more ideas about how sex might impact people's relationships, and then I'm asking more about it.” Seeing sexuality as relevant for clients and knowing how sexuality issues may be impacting clients' lives leads counsellors to actively raise the topic of sexuality with clients. As Dana further explained, “Part of how it's evolved in my practice is how I've started to see sexuality in

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people's relationships as more and more relevant for my own practice perspective.” As a result of understanding sexuality as relevant, Sage asserted “What I'm not willing to do is not bring it up or somehow unconsciously be finding ways to avoid the topic. Which I still think is happening in counselling.”

Reflexivity of own sexuality. Two of the counsellors described developing reflexivity on their own sexuality and the personal and professional benefits of this practice. Self-reflection served the purpose of engaging the counsellors in learning about themselves as sexual beings, a process they encouraged in their clients. As Sage stressed,

What matters to me is that we become engaged and are willing to look at our own relationship and work on it in whichever way we can. I think that one can be a good therapist . . . and still have a lot of confusion and things that they're working on in their relationship with [sexuality]. What I don't think is good is burying it . . . I'm not saying I do it right all the time or I have the perfect relationship with my own sexual nature.

For Dana, the benefit of reflecting on one's own sexuality was the increased comfort with clients' sexuality, sexuality issues, and talking about sexuality with clients: “Whether or not people are bringing that to the table, at this point I'm more comfortable to ask them about their sexuality, the health of the sex in their relationship, these kinds of things.”

Radicalized. Sage underscored that their development involved becoming bolder and experiencing more urgency to address sexuality issues on a sociocultural level and challenging institutions, particularly universities educating counselling students, to address sexuality issues and work toward the creation of sexually healthy communities. Sage described this process as becoming more radicalized and vocal about societies'

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issues involving sexuality, such as sexual violence and oppression of gay and transgender individuals:

There's no way I'm going to back down [from] a conversation like that and not only that, I may initiate those conversations. . . . I might have stood up for it if it got brought up, but not be the person to initiate it. Whereas now, if I get an opening to something like that, I'll jump right in there. . . . Because I think it's good for us.

Sage remarked that “a healthy culture is one where most people's wellbeing and happiness is actually the main goal.” Evidence from this study indicates that sexuality is a core component of individual and social wellbeing.

In summary, a number of common client sexuality issues arose in the counsellors' practices that highlighted the relevance of sexuality, commonality of sexuality issues, the variety of sexuality issues, and how clients may present with sexuality issues. The counsellors in this study observed that clients are often unclear if talking about sexuality is appropriate in counselling and afraid of counsellor judgment. The counsellors in the study described their own experiences of providing counselling in which sexuality is integrated. One counsellor identified the stressors related to the practice and to working in an area in which a gap in services exists, and the majority of counsellors felt validated for their work. Being a counsellor who integrates sexuality into counselling was related to learning to view sexuality as relevant, practicing reflexivity with respect to ones' own sexuality and sexuality issues in general, and a willingness to advocate for changes in the sociocultural conditions that contribute to the development of sexuality issues.

Discussion

It is clear that sexuality is inextricably intertwined with other aspects of clients' lived experiences, and the numerous sexuality issues with which clients present demonstrate this interconnection. The literature reflects the common sexuality issues identified in this study (Binik, Hall, & Wetchler, 2014), and other researchers have confirmed that they arise both directly and related to other issues (Bogey, 2008; Byers, 2011; Giami & Pacey, 2006; Harris & Hays, 2008). Counsellors may benefit by initiating conversations about sexuality with clients, or clients may never bring up the topic due to fear, vulnerability, avoidance, and deeper relationship issues (Byers, 2011; Buehler, 2013; Meritt, 2011; Ng, 2006; Sangra & Collins, 2016). It is evident that clients want to talk about sexuality issues with their counsellors, but they do not know where and how to begin. When counsellors raise the topic of sexuality in connection to other presenting issues, they affirm that sexuality is a component of wellness and invite discussion on the topic (Mallicoat, 2012). Integrating sexuality into counselling supports clients in developing a holistic and wellness-focused perspective of their sexuality and potentially greater comfort and understanding of the diversity and complexity of others' sexuality (Mallicoat, 2012). Clients benefit from being able to talk about sexuality with their counsellors because it normalizes sexuality and sexuality issues. Integrating sexuality into counselling and supporting clients in integrating sexuality in ways that support their wellbeing challenges oppressive treatment of sexuality as shameful and unhealthy with treatment of it in terms of wellness, wholeness, and normalization (Byers, 2011; Meritt, 2011; Ng, 2006).

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A gap exists in counselling services related to sexuality because sexuality counselling is viewed as a specialty and not a core competency (Mallicoat, 2012), thus inhibiting counsellors from tackling this subject in their practice (LoFrisco, 2013; Miller & Byers, 2010; Reissing & Di Giulio, 2010). Counsellors may benefit from understanding the centrality of sexuality in individual and relational wellbeing and, thus, the benefit for clients in being able to talk with their counsellors about sexuality issues and how they may be linked to other presenting issues (Bogey, 2008; Byers, 2011; Giami & Pacey, 2006; Harris & Hays, 2008). Counsellors also need to view sexuality as a core counselling competency (Mallicoat, 2012) and, as demonstrated in this study, they can be confident that their clients are benefiting from an approach that is integrative versus compartmentalized.

The counselling field also benefits from integration rather than isolating sexuality from counselling through an increase in sexuality counselling services. Counsellors providing sexuality-related counselling services are few in number and may potentially experience burn out (Ng, 2006; Skovholt & Trotter-Mattison, 2011). The counsellors' experiences of providing sexuality-related counselling, such as feeling misperceived and overwhelmed, indicate a problematic aspect of relegating sexuality to a specialty rather than making it a core competency for all practitioners, and reflect previous studies' findings of counsellors' experiences providing sexuality-related counselling (Ng, 2006; Skovholt & Trotter-Mattison, 2011). Despite experiencing such difficulties, counsellors in this study described the positive benefits to professional practice (Ng, 2006; Ridley, 2006).

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Although personal experiences and training opportunities attuned the counsellors' interests in providing sexuality-related counselling, becoming a counsellor who integrates sexuality into counselling also involved the development of self-reflection and awareness of one's own sexuality and beliefs, values, and biases related to sexuality (LoFrisco, 2013; Maguire, 2005). The study participants demonstrated the importance of reflecting on themselves as sexual beings, their sexuality issues, and how they are affected by their practice. Other authors suggested the development of sexuality counselling skills through engagement in both self-reflection/reflexive practice and knowledge-based training for sexuality-related counselling (Buehler, 2013; Maguire, 2005; McGlasson et al., 2014).

Lastly, integrating sexuality into counselling addresses the sociocultural discourse of shame (Buehler, 2013; Byers, 2011; Harris & Hays, 2008; Meritt, 2011; Ng, 2006), sexual discomfort (Binik & Meana, 2009; Buehler, 2013; LoFrisco, 2008; Pukall, 2009), and oppression that contribute to the development of sexuality issues (Byers, 2011; Harris & Hays, 2008; LoFrisco, 2013; Meritt, 2011; Ng, 2006). Counsellors who actively integrate sexuality into counselling not only invite clients to embrace sexuality as part of overall wholeness and wellness; they also help shift the systemic factors that lead to this unhealthy disconnection in the first place.

Implications

There are potentially beneficial implications from this study for counselling students, practicing counsellors, supervisors, and counselling training programs. First, a case has been made for why counsellors and the counselling profession must view sexuality as a core competency, rather than a specialty, area (Mallicoat, 2012). The study highlighted common sexuality issues that clients experience, and clients would benefit

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from counsellors becoming familiar with and comfortable in supporting them to address these issues. The findings also highlighted the emotional context of clients' presentation in talking about sexuality and/or sexuality issues and how sexuality arose directly or indirectly connected to other issues (Buehler, 2013). Addressing clients' feelings about talking about sexuality has the potential to sooth client anxieties and increase comfort.

To close the gap in the lack of sexuality counselling services, an integrative approach will work better than the current trajectory of the medicalization of sex therapy that is leading to the separation of sexuality from counselling (Berry, 2012; Binik & Meana, 2009; Pukall, 2009; Ng, 2006). Counsellors have an important role to play in integrating sexuality back into counselling, by assuming a holistic and wellness perspective on sexuality. Counsellors can take a leadership role in integrating sexuality on the sociocultural and institutional levels, by speaking out and modeling the importance of sexuality and by advocating for increased training opportunities and changes in assumptions, reactions, and approaches to sexuality issues.

Limitations and Future Research

The results of this study may be restricted by the sample size. While narrative studies often embrace smaller sample sizes, a total of six interviews sits at the lower limit for studies using thematic analysis (Braun & Clarke, n.d.a). However, the purpose of this study was not to produce generalizable data, but rather to deepen understanding of the lived experiences of counsellors who actively integrate sexuality into counselling practice. One limitation of this study was that it only examined counsellors' perspectives on client issues and experiences when participating in sexuality counselling.

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Future researchers may wish to look at clients' experiences of obtaining and participating in counselling in which their counsellors actively integrated sexuality. It might also be valuable to explore the kinds of messaging from the profession and individual counsellors alike that would make it easier and/or safer for clients to express their concerns about sexuality or would make counselling generally more approachable for those with sexuality issues.

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Chapter 4: SYNTHESIS AND IMPLICATIONS

In this chapter, I begin by providing a synthesis of the major findings of this inquiry about counsellors' experiences of actively integrating sexuality into counselling. Second, I reflect on my experiences related to the research process and how both the process and the data have affected me personally and professionally. Lastly, I discuss implications, limitations, and future directions regarding this inquiry.

Synthesis of Findings

The research question guiding this inquiry was: *What are the experiences of counsellors who actively integrate sexuality into their counselling practice?* Data interpretation produced themes that were inductively organized into two overarching stories that described (a) counsellors' practice of actively integrating sexuality into counselling and (b) their experiences of this practice.

The first overarching story of counsellors' practice included four themes. First, the practice of integrating sexuality counselling began with the counsellors' conceptualizations of sexuality. The counsellors' defined sexuality in a holistic, complex, and integrated manner and reflected that it is influenced by dominant discourses about sexuality that are negative, unhealthy, unrealistic, oppressive, and harmful. For example, the counsellors considered sexuality as both an individual and relational phenomenon that is connected to spirituality, is influenced in unhealthy ways by taboos and hypersexualization, and is used as a tool of violence. Second, how counsellors conceptualized sexuality influenced their practice and approach to integrating it into counselling. The counsellors emphasized the importance of broaching the topic directly and early and of assessing for sexuality issues. These steps helped counsellors to

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determine appropriate interventions for sexuality issues, including individualizing treatments, giving information, normalizing, carefully and judiciously using self-disclosure, contextualizing sex issues as relationship issues, supporting couples' sexual exploration, and connecting sexuality with spirituality. Notably, the counsellors differentiated their approach in working with both survivors and offenders of sexual violence. Third, a number of barriers to this practice were identified, such as lack of sexuality counselling training, theory-focused training, counsellors' poor skills development for sexuality counselling, low levels of comfort and confidence, and low numbers of counsellors providing sexuality counselling. Some barriers were related to clients, such as their avoidance of the topic or, at times, sexuality as a less pressing or salient presenting issue. Lastly, the counsellors suggested ways to address these barriers, including developing a broad definition of sexuality, practicing nonjudgment and self-awareness, and separating one's self and experiences from their clients' experiences. Addressing barriers to this practice to increase the number of counsellors and frequency of providing sexuality counselling requires counsellors to obtain more training, have exposure to sexuality topics and issues, and practice sexuality counselling to develop comfort.

The second overarching story focused on counsellors' experiences of this practice and also included four themes. First, the counsellors described how clients' presenting sexuality issues needed to be contextualized within their lives and other presenting issues. Client sexuality issues were related to experiences of disconnection from one's sexuality, lack of information, misinformation, shame, relationship and communication issues, pornography and addiction issues, and sexual dysfunctions. Second, the counsellors

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shared their observations of their clients' experiences of talking about sexuality in counselling in an integrated manner. They observed their clients as feeling fearful, vulnerable, requiring varying levels of directness in communication, and often feeling relief in being able to talk about sexuality issues. Third, the counsellors described some of their own experiences of providing sexuality-related counselling, such as feeling misperceived, having a heightened sense of boundaries, feeling overwhelmed by service demands, and, despite these difficulties, feeling validated that their ways of integrating sexuality into counselling often positively impacted their clients, the practice of counselling, and society. Lastly, the counsellors described how they came to the practice of actively integrating sexuality into counselling and how they developed as counsellors who engage in this practice. They identified varied personal, academic, and professional experiences that invited them to consider the role of sexuality in their own lives and the lives of their clients. The counsellors also recognized the role of continued reflection on their own sexuality in doing this work and the importance of valuing sexual wellbeing. Lastly, one counsellor highlighted that being a counsellor who actively integrates sexuality into counselling involves being a vocal social change agent and advocating for sexual wellness at the individual and societal levels.

Personal Reflections

Engaging in this inquiry has provided me with invaluable experience as a beginning researcher and has changed me personally and professionally. Through doing and practicing interpretivist methodologies, I have deepened my understanding of the recursive, iterative, and collaborative nature of meaning-making (Braun & Clarke, 2006; Creswell, 2013). For example, discussing and receiving feedback from others furthered

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both my reflection on, and my connection to, the research process and resulting data. This was evidenced by the fact that, at the outset of this study, I proposed to conduct a narrative inquiry that later shifted into a qualitative study with a narrative lens applied to thematic analysis of the data through my emergent relationship with the data and consultation with my supervisory committee.

Personally and professionally, this inquiry has further solidified the value that I place on the centrality of sexuality in the health and wellbeing of individuals and communities and the significant role that counsellors can play in social change. Talking about sexuality in ways that normalize and integrate it within the whole of individuals' identities and lived experiences addresses the conditions that perpetuate sexual oppression. This study has demonstrated to me that counsellors often accomplish this normalization by the very act of approaching and integrating sexuality into general counselling, rather than marginalizing it as a separate topic requiring specialization (Binik & Meana, 2009; McCave, Shepard & Winter, 2014).

More specifically, as a counsellor, learning from the participants has furthered and validated my own practice of integrating sexuality into counselling and has inspired me to continue broaching and inviting clients to talk about their sexuality. This study has also validated my way of practicing counselling, in particular, using co-constructivist approaches and narrative therapy (Monk, 1997; White, 2007).

Implications

The results of this study may assist counselling students, practicing counsellors, supervisors, and counsellor training programs to close the gap in sexuality counselling services. The study provided supporting evidence of the need for counsellor training on

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sexuality to develop counsellors' comfort and competence in talking about sexuality with their clients and addressing sexuality issues (Krenzel, 2011; Mallicoat, 2012; Miller & Byers, 2010; Reissing & Di Giulio, 2010). Taking an integrative approach, rather than viewing sexuality as a speciality area, also challenges the current trajectory of the medicalization of sexuality that furthers separation and marginalizes it from general counselling (Berry, 2012; Binik & Meana, 2009; Pukall, 2009; Ng, 2006).

When sexuality is integrated rather than separated from general counselling, counsellor training programs can then address issues regarding counsellors' skills development, competence, and comfort in working with sexuality. Counsellor training programs have an opportunity for leadership in addressing the sociocultural conditions that perpetuate sexual oppression. A potential starting place could be the recognition of sexuality as counselling as a core competency in program accreditation standards (CCPA, 2002; CACREP, 2016). This may include adding a course on human sexuality or sexuality counselling (Krenzel, 2011) and/or infusing sexuality competency development into existing courses to enhance students' development of a holistic view of sexuality and their understanding of how sexuality is a core component of clients' lived experiences (McCave et al., 2014). For the latter, a comprehensive approach of infusing sexuality-counselling training would include instruction, independent study projects, observational learning, and supervision (Mallicoat, 2012; Miller & Byers, 2008; Reissing & Di Giulio, 2010), which would be enhanced through modelling and mentorship by instructors and supervisors (Cupit, 2010; Giami & Pacey, 2006; Harris & Hays, 2008; LoFrisco, 2013).

The findings of this inquiry suggest that counsellor training on sexuality would include a review of common sexuality issues that clients experience, how they are

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connected to other presenting issues, and the emotional context in which clients experience and present these issues in counselling (Buehler (2013). This study highlighted that counsellors witness their clients' discomfort and anxiety when raising sexuality issues, thus indicating that counsellors need to first address clients' feelings about discussing sexuality. Considering the interventions that the counsellors in this study reported using in their practices, training would include a focus on developing counsellors' competence and comfort by providing a combination of learning theory, skills practice, and self-reflection (Buehler, 2013; Humphrey, 2000; Maguire, 2005). The self-reflective elements would encourage student's development of self-awareness in relation to sexuality topics, sexuality issues commonly arising in counselling, beliefs and attitudes, and potential biases or conflicts of values they need to resolve (Buehler, 2013; Humphrey, 2000; Maguire, 2005; McGlasson et al., 2014; Ridley, 2006). Furthering self-reflexivity in this context may prevent counsellors from potentially providing services that harm clients by overtly or covertly perpetuating sexual oppression (McCave et al, 2014).

Lastly, in consideration of the pervasiveness of sexual oppression and how it intersects with other forms of oppression, counsellors have an important and privileged role in moving toward social change (Arthur & Collins, 2010). The feminist/critical conceptual frameworks of this inquiry invited me to reflect upon and challenge how I participate in and contribute to unjust and oppressive practices regarding sexuality, particularly in my role as a counsellor (Fox, et al., 2009; Goodman et al., 2004; McCavey, 2014). The participants in this study called upon counsellors to practice in a holistic, wellness-focused, and integrative manner regarding sexuality. They challenged

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counsellors to raise the topic of sexuality and invite dialogue with clients as a way to counter the taboo and stigma of talking about sexuality and to deconstruct oppressive discourses of sexuality as shameful, dysfunctional, and reduced to biological function (Byers, 2011; Meritt, 2011; Ng, 2006). The counsellors in this study recognized this opportunity to address sociocultural oppression of sexuality and to move toward change at the individual, institutional, and sociocultural levels by speaking out and modeling the importance of sexuality and advocating for increased training opportunities for counsellors to help change assumptions, reactions, and approaches to sexuality issues in counselling. An integrative approach to sexuality is one piece of the puzzle in creating individual and community wellness.

Limitations

The results of this study may be constrained by the sample size; although within the acceptable range, thematic analysis studies require enough data to thoroughly code for patterns across the data set (Braun & Clarke, n.d.a). The bricolage of a narrative lens applied to thematic analysis supported a more nuanced interpretation of the data in which experiences unique to one participant (or two) could be integrated into the findings. As well, the purpose of this qualitative study was not to produce generalizable data, but rather deepen our understanding of counsellors' practice and experiences of integrating sexuality into counselling.

The three counsellors who participated in this study had different backgrounds, and this may have both added breadth and reduced the potential depth of the data. This study explored the experiences of counsellors' regarding their practice of integrating sexuality into counselling; it did not explore the experiences or perspectives of clients

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regarding this practice. This study also examined the experiences only of counsellors already practicing in the area of sexuality counselling, and it may be beneficial to explore the voices and experiences of counselling students. Researcher bias may have also limited the study in that I believe that actively talking about and addressing sexuality issues in counselling benefits clients, the counselling field, and society at large. Although I did ask the counsellors directly about the drawbacks of this practice, they highlighted the positive benefits for clients and themselves, despite experiencing some challenges as counsellors. A more in-depth exploration of strengths and weakness of this practice in future studies may provide a more complex and nuanced perspective.

Directions for Future research

Humphrey (2000), Maguire (2005), and McGlasson et al. (2014) identified the need for evaluation research on the implementation of sexuality counselling training. I would argue that both the perspectives of students and practitioners should be included. Knowledge could be furthered by examining the most effective modes of training to develop counsellors' competence and comfort to provide sexuality counselling, such as a single course design, the integration of sexuality into existing courses, or a combination of both. It might also be valuable to explore what kind of messaging from the profession and individual counsellors would make it easier and/or safer for clients to express their concerns about sexuality or would make counselling generally more approachable for those with sexuality issues.

The literature could also be enhanced by continued research on the current status of sexuality training in counsellor education programs (Miller & Byers, 2008, 2010; Reissing & Di Giulio, 2010) and the barriers to increasing the visibility of sexuality

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education in counsellor education. It is noteworthy that the latter suggestion appeared in the literature over two decades ago (Nathan, 1986; Wiederman & Sansone, 1990).

Qualitative research about graduate students' experiences and their perceptions about their level of, and the gaps in, their preparation for sexuality-related counselling would thicken the data on this topic (Harris & Hay, 2008; Miller & Byers, 2008). Also, additional qualitative data examining graduate counselling students' experiences in their practice and the role of supervisor support may contribute to the research in this area (LoFrisco, 2013).

Exploring differences between the counselling practices and the experiences of counsellors who integrate sexuality and sex therapists/sexologists would also advance this topic. Other researchers might examine how counsellors with similar practice areas or backgrounds actively integrate sexuality into counselling. Lastly, future researchers may wish to look at clients' stories about obtaining and participating in counselling in which their counsellors actively integrated sexuality.

The process of this inquiry, learning from participants, and professional practice as a new counsellor have informed me of the benefit and deepened my understanding of integrating sexuality into counselling. I am left with more questions and curiosities and look forward to further inquiring about the practice. I invite you, the reader, to join in deepening the knowledge and practice of actively integrating sexuality into counselling.

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Appendix A: Athabasca University Research Ethics Approval

Certification of Ethics Approval

10/14/2014, 8:02:09 AM

From: gleich@athabascau.ca

To: nsangra@hotmail.com

Cc: sandrac@athabascau.ca; sherrim@athabascau.ca; tmurray@athabascau.ca; dclare@athabascau.ca; gleich@athabascau.ca



October 14, 2014

Ms. Nina Sangra
Faculty of Health Disciplines\Graduate Centre for Applied Psychology
Athabasca University

File No: 21582

Certification Category: Human Ethics

Expiry Date: October 13, 2015

Dear Ms. Nina Sangra,

The Faculty of Health Disciplines Departmental Ethics Review Committee, acting under authority of the Athabasca University Research Ethics Board, to provide an expedited process of review for minimal risk student researcher projects, has reviewed your project, 'Let's Talk about Sex: Counsellors' Stories about Integrating Sexuality into their Counselling Practice'.

Thank you for your well written application. We express our appreciation for the sensitivity given to the topic and the approach to the research participants. This minimal risk application is complete and thoughtfully prepared.

Your application has been **Approved on ethical grounds** and this memorandum constitutes a **Certification of Ethics Approval**. You may begin the proposed research.

AUREB approval, dated October 14, 2014, is valid for one year less a day.

As you progress with the research, all requests for changes or modifications, renewals and serious adverse event reports must be reported to the Athabasca University Research Ethics Board via the Research Portal.

To continue your proposed research beyond October 13, 2014, you must submit an Interim Report before September 15, 2015.

When your research is concluded, you must submit a Final Report to close out REB approval monitoring efforts.

At any time, you can login to the Research Portal to monitor the workflow status of your application.

If you encounter any issues when working in the Research Portal, please contact the system administrator at research_portal@athabascau.ca.

If you have any questions about the REB review & approval process, please contact the AUREB Office at (780) 675-6718 or rebsec@athabascau.ca.

Sincerely,

Sherri Melrose
Chair, Faculty of Health Disciplines Departmental Research Ethics Board -- This communication is intended for the use of the recipient to whom it is addressed, and may contain confidential, personal, and or privileged information. Please contact us immediately if you are not the intended recipient of this communication, and do not copy, distribute, or take action relying on it. Any communications received in error, or subsequent reply, should be deleted or destroyed. ---

Appendix B: Participant Letter of Invitation

Dear Potential Participant,

My name is Nina Sangra, and I am completing a Master of Counselling degree through Athabasca University. You are invited to participate in this research study, because you have been identified as a counsellor who identifies as possessing an interest or expertise in sexuality. The purpose of this study is to explore your stories of actively integrating sexuality discussions with clients into your counselling, the development of this practice, and how you may have been changed professionally and personally by doing so. While there is no financial compensation for contributing to this study, your participation will help bring increased insight into how counsellors can integrate sexuality discussions with clients, counter shameful and oppressive discourses of sexuality with holistic and liberating discourses, and how to be effectively trained to integrate sexuality into their counselling practice.

Your contribution to this study will require two interviews, each between one to two hours long, which will be audiotaped. I will arrange to meet you at a place of convenience, as long as the place is private and quiet. Depending on your geographical location, a web conferencing platform such as Adobe Connect, may be used for the interviews. The interviews will be informal, and I will ask questions that will elicit your stories about being a counsellor who actively integrates and discusses sexuality in your counselling practice. Your involvement may also require that we meet in person, by phone, or via Adobe Connect, to review my writing for clarity and understanding of the information you shared.

Participating in this study poses potential risks. For example, it is possible that through sharing about your experiences as a counsellor you may discuss information that you believe could detrimentally affect your professional reputation or practice. To protect against such possible risks, your contributions will be treated with confidentiality, as further discussed below. Additionally, the process of sharing professional and personal stories about sexuality may elicit memories or feelings that are psychologically distressing. If this were to occur, I will provide a list of resources and encourage you to connect with your own identified supports for supervision, consultation, and/or counselling.

You are under no obligation to participate in this study. You have the right to withdraw your participation and/or your data from the study, without prejudice, at any time prior to the analysis and/or publication of data. You are entitled to information that may be relevant in your decision to withdraw, such as any new developments in the study that may influence your decision to withdraw from the study. This information will be provided to you in a timely manner. If you choose to withdraw from this study, please contact me. By your request, I will return audiotaped or transcribed data, delete audiotaped and electronic files, and shred any hard copies. You have the right to refuse to answer any of my interview questions, as well as to ask any questions about the research study, at any time during the study.

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Your anonymity and confidentiality will be ensured throughout this research study. I will be the only person who will know of your identify. Your name will be replaced with a pseudonym and all identifying information altered to ensure your confidentiality. Signed consent forms, demographic information, research memos, and other documents with interview data, analyzed data, and transcripts will be destroyed five years following the completing of this research project, i.e., April 30, 2019. Until this date, the above information will be located in a locked filing cabinet and/or a password-protected computer at my home. After April 30, 2019, hard copy documents will be shredded and all electronic data will be erased.

The information collected during interviews will be analyzed, written-up, and shared via journal publications and conference presentations. An abstract of the study will be posted on the Athabasca University Library's Digital Thesis and Project Room, and the final thesis document will be publicly available on the Athabasca University library website.

If you would like to participate in this study or have further questions please free to contact me (information below). If you know of other individuals who may fit the research study criteria and would be interested in participating in this study, I would greatly appreciate your suggestions.

Warmly,

Nina Sangra

Researcher
Nina Sangra
Master of Counselling student
Graduate Centre for Applied Psychology
403.991.9531
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Thesis Supervisor
Dr. Sandra Collins
Professor
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Appendix C: Sample Prompt and Questions for Interviews

Interview 1: Sample Prompt for Unstructured Interview

I am interested in hearing about your experiences as a counsellor and the ways that you integrate sexuality into your counselling practice, how this has affected your counselling practice and yourself, personally and professionally.

Interview 2: Sample Questions for Guided Interview

1. Tell me about how you came to focus on sexuality in your practice.
2. How does your view of sexuality affect the way that you practice as a counsellor?
3. How have your views of sexuality changed over time, and as you gained professional experience?
4. Think back to a time, when working with a client, that addressed sexuality. What made it effective or ineffective?
5. What do you believe hinders some counsellors from addressing sexuality in counselling?
6. How has your development of AIS into counselling been hindered?
7. How has your development of AIS into counselling been fostered?
8. How has your counselling practice of AIS evolved over time?
9. How do you differ as a counsellor who integrates sexuality into counselling practice from counsellors who do not AIS into counselling?
10. Think back to when you were training as a counsellor. How did or did not your training prepare you for counselling clients regarding sexuality issues?
11. How do you as a practitioner feel supported or not supported by your field and colleagues as a counsellor who is actively integrating sexuality into counselling?
12. How do you believe your clients are affected by your work of AIS in your counselling work with them?
13. How have you been affected by your work as a counsellor who actively integrates sexuality into counselling?
14. What do you see as the impact of your work AIS on clients? Your community? Your profession?

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15. How has AIS into your counselling practice been negative or unhelpful?

Appendix D: Informed Consent Form

Dear Participant,

In participating in this research study and providing your consent, this means that you:

1. Are consenting to participate on a voluntary basis, and understand that there is no obligation to participate.
2. Have the right to refuse to answer any of my interview questions, as well as to ask any questions about the research study, at any time during the study.
3. Have the right to withdraw your participation and/or your data from the study, without prejudice, at any time prior to the analysis and/or publication of data.
4. Are entitled to information that may be relevant in your decision to withdraw, such as any new developments in the study that may influence your decision to withdraw from the study. This information will be provided to you in a timely manner to assist in your decision to continue in the study or not. If you choose to withdraw from this study, please contact me. By your request, I will return audiotaped or transcribed data, delete audiotaped and electronic files, and shred any hard copies.
5. Agree that your information, after the removal of identifying information, will be viewed by my thesis supervisor, Dr. Sandra Collins.

Do you have any questions? If you do not have any questions and are interested in participating in this study, please sign below. At any time during this study you may contact my thesis supervisor, Dr. Sandra Collins or myself.

I _____ have read this consent form and understand all of the information outlined in this form, and I agree to participate in this study.

Date: _____ Participant Signature: _____

Date: _____ Researcher Signature: _____

Researcher
Nina Sangra
Master of Counselling student
Graduate Centre for Applied Psychology
xxx.xxx.xxxx
nsangra@xxxxx.xx

Thesis Supervisor
Dr. Sandra Collins
Professor
Graduate Centre for Applied Psychology
xxx.xxx.xxxx (toll free)
sandrac@xxxxxxxx.xx

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This study has been reviewed by the Athabasca University Research Ethics Board. Should you have any comments or concerns regarding your treatment as a Participant in this study, please contact the Office of Research Ethics at 1-780-675-6718 or by e-mail at rebsec@athabascau.ca.

Appendix D: Theme Descriptions

Table 2

Theme Descriptions

Level 1 themes (Number of codes: Number of participants)	Level 2 themes	Description
Individual and relational (5:2)	Conceptualizing sexuality	Participants defined sexuality as including as individual and relational phenomenon such as emotional intimacy and described it as a life-long, developmental process.
Spirituality (8:1)		One participant described sexuality as related to creation energy and spirituality. The counsellor emphasized the importance of nurturing a relationship with Self as a way of honouring the spiritual/sexual energy of a person and as an empowering process.
Unhealthy (8:1)		Participants discussed society's unhealthy relationship with sexuality, noting that sexuality remains a taboo subject of which people are either repressed or obsessed. Also discussed hypersexualization of the media and of healthy modelling of relationship to healthy sexuality.
Violence (3:1)		One participant discussed the connection between violence and sexuality and talked about recent Canadian events involving sexual violence and harassment, such as the Jian Ghomeshi case and Dalhousie dentist students. The counsellor discussed the acceptance of sexual violence in culture; discussed education is needed for change.
Direct and early (10:3)	Actively integrating sexuality	Actively integrating sexuality into counselling practice works well when counsellors broach the subject directly and early, asking questions and informing clients that they are open to talking about sexuality. This may include listing potential topic areas for clients to check off on intake forms. This also includes giving information when requested in a direct and sometimes explicit manner. One counsellor also pointed out how skirting around the issue and working indirectly by addressing related issues (e.g. body image) still benefits the client.

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Assessment (6:3)

AIS into counselling practice requires assessment of clients and their presenting issues which help to determine client goals and interventions. Counsellors described doing informal to formal, thorough assessments and taking of sex histories, that were influenced by training and theoretical approaches.

Normalizing and self-disclosure (8:5)

Counsellors shared about the usefulness of carefully and judiciously self-disclosing to clients about their own experiences to normalize clients' experiences and for modelling a willingness and openness to explore one's relationship to their sexuality. One counsellor particularly noted the usefulness of self-disclosing their own experiences of sexual violence to clients. Counsellors need to normalize clients' sexuality issue, address myths, deconstruct false beliefs, and address shame regarding sexuality.

Giving information (2:1)

Once counsellor talked about using the PLISSIT model and the importance of giving limited information about sexuality issues to clients. This counsellor stressed the importance of individualizing information and treatments for sexuality issues based on the clients' unique presenting issues.

Relationship context (8:3)

Contextualizing sexuality problems within relationships helps clients understand how relationship problems affect sex and vice versa. Couples need to understand that sexuality issues are a couple issues not an individual problem and that they need to prioritize the relationship and make time for connecting sexually.

Couples exploration (8:3)

Actively integrating sexuality involves being a supportive and safe forum for couples to explore sexuality within their relationship. This may include giving homework and asking probing questions that facilitate the couple in communicating in a genuine and open manner with each other. Or, modelling communication and teaching couples to communicate with words and not their genitals. Supporting couple exploration may also include providing couples with information so they can assess if a sexuality workshop is a fit for them or not.

Sexual abuse and sex offenders (4:2)

Counsellors' approach to sexual violence differs than working with other aspects of sexuality. One counsellor described working with sexual trauma in

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		<p>a way that is empowering and safe for the client. Another counsellor described only working with pedophiles if they willing to change.</p>
Integrating sexuality and spirituality (9:1)		<p>One participant described the integration and healing of sexuality into the whole of the person, by supporting clients in connecting sexuality with their life force energy/spirituality. Viewing sexuality as life force energy, connected to spirituality, and sacred can assist clients in fully integrating aspects of themselves.</p>
Lack of training (15:3)	Barriers to actively integrating sexuality	<p>Counsellors experience barriers in their training in human sexuality. Graduate programs often lack sexuality courses and do not provide training or discussion in courses, and a lack of professional development courses are offered. Counsellors are left unprepared, winging it as they go along, or not talking directly/explicitly enough with clients..</p>
Theory versus practice (4:1)		<p>One counsellor discussed a sexuality course in their graduate program, explaining that while it was advantageous too have taken the course, the course was still too theory heavy. The counsellor felt that practicing having the conversations and putting theory into practice would have been more beneficial. The counsellor talked about receiving a framework in their graduate program for couples counselling but feeling unprepared to address sexuality in depth</p>
Counsellor skills (9:3)		<p>Counsellors often lack the skills to into integrate sexuality into counselling. They may not be adequately assessing presenting sexuality issues and not fully understanding or appreciating client issues. This may lead to counsellors providing inappropriate or ineffective interventions (e.g. "just do it"). Some counsellors may completely avoid the topic or be ignorant of importance of sexuality. Or, counsellors may assume clients' comfort or knowledge and jump too far ahead of clients when providing interventions. Or, as one participant described, counsellors may not be explicit or direct enough when clients require this.</p>
Lack of comfort and confidence (5:2)		<p>Counsellors' own issues may create barriers to AIS into counselling practice, such as lack of confidence, discomfort with their own sexuality or others' sexuality, and not having worked on their own issues.</p>
Avoidance (4:3)		<p>Counsellors lack of comfort and confidence may</p>

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		lead them to just not ask about sexuality or change the topic.
Few sex therapists (2:2)		Two participants talked about the paucity of identified sex addictions therapists and sex therapists in the cities in which they lived. The sex therapist pointed out that when looking into other therapists' websites or online profiles, the other therapists stated doing sex therapist when really only working with childhood sexual abuse and not other sexuality issues such as dysfunctions, etc.
Client barriers (11:2)		Clients experience barriers to addressing sexuality issues in counselling in the form of their discomfort, shame, avoidance, and lack of motivation. Couples may experience barriers when partners learn that foundational differences in values and beliefs are affecting their sexual relationship. Cost may also be a barrier in accessing sexuality-related counselling.
Not the issue (7:2)		There are times when it is not appropriate or effective to focus on client sexuality issues in counselling. Such as when, upon assessment, counsellors discover that it is not the presenting issues or a priority for clients. Counsellors must find a balance between assessing importance and exploring salience of sexuality as a topic for clients while respecting that the client knows best. At other times, counsellors are not practicing in an area or population in which it is appropriate to focus on sexuality issues, such as domestic violence.
Broad and inclusive definition (5:2)	Development of actively integrating sexuality	Developing a broad and inclusive definition and approach to sexuality.
Nonjudgmental (5:2)		Counsellors must practice and embody qualities of non-judgment, curiosity, and open-mindedness to actively integrate sexuality conversations into counselling.
Self-awareness (4:1)		One participant discussed the importance of practicing awareness of oneself, areas of competency, and topics/issues off limits regarding sexuality.
Separating personal issues (5:2)		Separating personal values, beliefs and experiences about sexuality from clients' sexuality and presenting issues. This includes separating the value that a counsellor may place on healthy sexuality and focus on issues identified by clients rather than forcing a focus on addressing sexuality

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		issues or enhancing sexuality.
Training/courses (8:3)		AIS skill development occurs with specific courses integrated into counsellor training programs and/or taking sex therapy training. Participants suggested that students to take courses available in their graduate programs if available, or workshops, such as the Sexual Attitude Reassessment (SAR) workshop, and more specifically learning sexuality counselling models like the PLISSIT model.
Continuing education (8:3)		Continuing education, such as self-directed learning, attending conferences, and additional training regarding sexuality develops comfort with practice of AIS
Exposure (7:3)		Exposure to sexuality, such as learning about different sexual practices, communities, and topics helps explore personal reactions and values and develops professional abilities to AIS.
Practice creates comfort (12:2)		Practice using sexual terms and having therapeutic conversations about sexuality builds counsellor comfort, and develops skills to address client discomfort. One participant described being challenged in their graduate training to have "sticky conversations" with clients.
Complex and holistic (5:2)	Client issues	Sexuality is connected to other aspects of life and presenting issues, that clients and their sexuality issues must be considered holistically. Sexuality may be addressed indirectly when working on other issues, or vice versa. Sometimes clients wait too long to seek support for sexuality issues.
Disconnection (6:3)		Clients may experience disconnection from their self and sexuality. As a result they may express anxiety, frustration, sadness, confusion, and depression in relation to their sense of self and sexual self.
Lack of information and misinformation (6:2)		Clients often experience difficulty in obtaining accurate information about sexuality issues. Some may turn to the internet and obtain misinformation that may exacerbate the problem or create additional sexuality-related issues. Sometimes clients are not even sure what language to use or what to search for on the internet, and may even avoid the internet. Clients may feel grief when they realize how the lack of information has impacted their lives.

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Shame (6:2)

Clients often experience immense shame about their sexuality or sexuality issues. They may hold beliefs that they are broken, something is wrong with them, that can't be fixed, or compare themselves to unrealistic standards.

Relationships and communication (11:3)

Often presenting sexuality problems actually reflect underlying relationship issues, such as problems with emotional intimacy, communication, and lack of time, with which counsellors need to support clients. Pornography use can be potentially problematic and create additional sexuality problems. Particularly when one individual in the couple is using it, it can lead to desire issues for the other partner using it. Porn is risky due to the ease of access and can potentially lead to pornography addictions. Clients may also present with sex addictions.

Pornography and addictions (5:3)

Other client issues (8:3)

One counsellor talked about the prevalence of the BDSM and polyamory communities in their city. The counsellor explored how BDSM for example is a sexuality topic with diverse perspectives. Clients may present with sexual dysfunction issues and issues related experiences of sexual abuse.

Fear (6:2)

Counsellors' Perceptions of Client Experiences

Clients are often nervous and scared about being judged by their counsellors when sexuality is the discussed or a presenting issue. Clients are often very cautious in broaching sexuality, the language that they use to discuss their concerns, and often find the conversations challenging. Male clients may particularly find it challenging to work with male therapists.

Vulnerability (3:2)

Sexuality and relationships involve and require vulnerability to talk about and talking about them with a counsellor can feel risky and unsafe. Self-efficacy, self-esteem, and sexual adequacy may be connect to one's sexuality, and talking about it in counselling can require a level of emotional openness for which clients may not be ready.

Communication style (3:2)

How clients approach and talk about sexuality in counselling can span a continuum of indirectness to directness. Some clients will skirt around the issue, are cautious about language, and will even indirectly address sexuality through related topics (e.g. body image). Other clients will be more open, explicit, and direct.

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Relief and fun (3:3)

Clients often feel relief that they are being asked directly about their sexuality or sexuality issues and have someone non-judgemental to talk to. Clients may even experience fun and light-heartedness in having a forum to discuss sexuality issues in an exploratory rather than problem-focused way.

Misperceived (8:1)

Counsellor Experiences

One counsellor shared about the misperceptions that others' often hold about their professional role as a sex therapist and assumptions about her sexuality and personal life. This counsellor talked about feeling exoticized by others including other counsellors. This counsellor described feeling exoticized for working in the area of sexuality. At other times the counsellor noticed that others avoided bringing up their professional role or area of research.

Boundaries (6:1)

One counsellor who is a sex therapist described how AIS has heightened their sense of professional boundaries, specifically around touch and language. The counsellor does not practice at home and because of the small professional community is especially aware of professional boundaries regarding client confidentiality.

Overwhelmed (4:2)

Counsellors described being emotionally impacted by AIS into counselling practice, sometimes feeling sad and triggered. They described feeling overwhelmed by client requests, not having enough time, and wishing to be able to refer to colleagues. They also described how being saturated with problems affects their perspective about sexuality in often a negative, frustrating way.

Validation (11:2)

Counsellors spoke of feeling validated for AIS in their practice. They described the vulnerability required for counsellors to broach sexuality and the vulnerability required of clients in addressing sexuality issues. Counsellors felt validated when they observed effective change, increased engagement in counselling, changes in relationships and sexuality, and when clients expressed greater light-heartedness.

Influences (5:3)

Counsellor development

Counsellors described a variety of influences that lead them to practice AIS, such as life experiences, counselling practice, and exposure to sexuality issues via counselling and academia.

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Reflexivity of own sexuality (7:3)	Counsellors described their personal development about becoming a counsellor who integrates sexuality into counselling as one that is life-long, growth-oriented, requires periods of integration, self-healing, and requires self-awareness.
Sexuality as relevant (7:1)	One counsellors described how with practice of addressing sexuality issues they have come to value sexuality as relevant and significant for clients and thus is now more likely to broach the subject with clients.
Reflexivity of own sexuality (7:2)	Counsellors described practicing self-awareness of their own sexuality and being willing to be self-aware despite confusion and imperfection of their sexuality. They also spoke about how gaining experience with their own sexuality helped increase comfort with clients' and others' sexuality.
Radicalized (12:3)	One counsellor described their development as becoming bolder as they move into their elder years. As they feel little time may be left of life, they are more vocal and challenges systems to include sexuality as a component of wellbeing and healthy societies. Counsellors described being called to the field of counselling and AIS which includes the heart and soul of counsellors and a relational approach. They also talked about finding their niche in working with sexuality in counselling.

Note. AIS = Active integration of sexuality