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Counseling Sexology in Marriage, Couple, & Family Counseling: A Special Commentary

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Healthy couple and family sexuality adds satisfaction and intimacy to the most important human relationships. Systemic work around sexual issues can be complex yet very satisfying. This commentary includes basic information on clinical priorities in working with couples and families including how a counselor's comfort level might determine outcomes in sexuality counseling. Research and training priorities and their impact are also discussed.

Keywords: counseling sexology, marriage counseling, couples counseling, family counseling, commentary

Clinical Priorities

Clients present with a broad continuum of sexual concerns. Unfortunately, to address the clinical priorities related to sexual health in couple and family counseling, counselors could first help clients unpack former unhealthy experiences and how those experiences impact the system in which they now co-exist with significant others. In marriage, couple, and family counseling, the counselor must hold each person's beliefs and emotions as reality for that person and conceptualize cases by considering the various realities of the client couple or client family. Couple and family counselors must consider the systemic dimension of healthy sexuality (who is in the system?) as well as the developmental dimension (where on the family life cycle does the couple or family exist?). While individual interests, fears, and experiences are diverse, the systemic patterns that drive dysfunction or satisfaction in couple and family systems are generally repetitive and often difficult for the clients to understand or even to identify.

When clients present with sexual issues that impact couples and families, counselors must take a hard look at the dynamics of these systems to help them achieve better functioning. Because sexuality is at the core of human identity and experience, these issues often are uncovered in couple or family counseling, and they do not impact just one person.

Additionally, even past generations might play a part in a couple's or family's sexual concerns. Thus, including questions about intimacy and healthy couple and family sexuality in the intake process is necessary, keeping in mind that each person in the system has a personal perspective.

It is critical to incorporate discussions of healthy sexuality with couple and family clients because it is an inherent, essential, and beneficial dimension of being human (AASECT, 2015). Counselors should be prepared to support couples and families presenting with sexual issues in setting the focus on healthy sexuality rather than strictly avoiding pathology (AASECT, 2015). Healthy sexuality conversations in the therapy room begin with acceptance and empathy from a counselor who is trained to lead such discussions.

Couples and families most likely relax when discussing sexual issues if the counselor is comfortable and reassuring. To further help clients feel comfortable, it might be useful to include another therapist in the case or to make use of the training mirror with a team weighing in on the process. When working with multiple clients, everything moves quickly. Using a co-counselor can help slow the process down a bit as one counselor might notice subtleties that the other does not. If a team is involved, the team members can be brought into the session at the mid-point or the end to weigh in on the strengths of the family and how to address their concerns.

Goals in counseling might range from a couple gaining or maintaining a satisfying sexual relationship throughout their family life cycle to a family accepting a teen's unwanted pregnancy or a partner who has been sexually abused as a child. In a couple relationship, one partner might want to experiment with sexual activities that the other partner feels uncomfortable exploring. A child of a traditional family might be struggling with gender identity or sexual orientation and fear that talking to the parents might upset the system to a point where the child is marginalized in that system.

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Lastly, there are sexual issues that require more expertise than most counselors have. Ethically, counselors must refer clients when a greater degree of specialization is needed. There is an excellent guide for determining when to treat and when to refer which is the PLISSIT model written by Jack Anon in 1976 and continues to be relevant today (Annon, 1976). For counselors working with couple and family clients, referrals must be made to sex therapists and medical doctors who are trained systemically and who will treat the system, not just the individual.

Research Priorities

Much of the literature on sex positivity published has been generated outside of the counseling and psychological fields, in disciplines such as social work, women's studies, gender studies, sociology, and others (Burnes, Singh, & Witherspoon, 2017). Thus, counselor researchers have ample opportunity to collect and analyze data in their professional arena.

Expanding definitions and understanding of healthy couple and family sexuality should be a priority in sexuality research. According to the World Health Organization (2023):

- Sexual health is about well-being, not merely the absence of disease
- Sexual health involves respect, safety and freedom from discrimination and violence
- Sexual health depends on the fulfilment of certain human rights
- Sexual health is relevant throughout the individual's lifespan, not only to those in the reproductive years, but also to both the young and the elderly
- Sexual health is expressed through diverse sexualities and forms of sexual expression
- Sexual health is critically influenced by gender norms, roles, expectations, and power dynamics

These key concepts around sexual health are basic to human sexual satisfaction and well-being. Counselors can advocate for healthy family sexuality in their daily work, and counselor researchers can do the same by collecting and reporting data on how couples and families in the 21st century achieve sexual health.

Additionally, American families are greatly affected by policy and legal debates around gay and lesbian relationships, and often research informs these debates. According to Umberson, Thomeer, Kroeger, and Xu (2015), "research on same-sex relationships is in a period of intense discovery and enlightenment, and advances in the study of these relationships are sure to further our theoretical and empirical knowledge in family studies more broadly" (p. 15).

The authors remind us that the factors surrounding same-sex relationships are complex and increasingly important including the diversity of same-sex couples and the increasing political and legal importance of what constitutes a same-sex couple or family. Therefore, it is essential that family scholars develop a scientifically driven agenda to implement a coordinated and informed program of research in this area.

Training Priorities

Counselors must be comfortable hearing and leading discussions about a wide variety of sexual issues involving couples and families. Counselors must also confront their own biases and hot buttons regarding sex and couple and family functioning. Any counselor working in the couple and family field should have training on sexual issues and how to cope with their own biases. Counselors must understand that the continuum of sexual behaviors is very wide, and they probably will encounter ideas and behaviors that are novel if not off-putting to them. Knowing how to put aside their own discomfort and accept the diversity of their clients is imperative.

Some universities offer coursework in their graduate counseling programs to help students think about their own sexual issues, attitudes, and beliefs and how they will respond to clients who present with sexuality concerns. Graduate courses in counseling that focus on sexual issues are not the same as the human sexuality courses that many students take in their undergraduate work, but rather provide information and practice on how to have discussions on sexual concerns, misconceptions, and questions. Sexuality coursework in graduate programs should focus on the patterns and dynamics of the couple or family systems.

Another training possibility is attendance at one or several SAR (sexual attitude reassessment) trainings (Sitron & Dyson, 2009), which can be effective in teaching counselors to accept diversity in clients and differences in clients' sexual behaviors. These trainings are offered through the American Association of Sexuality Educators, Counselors, and Therapists (AASECT, 2020) at a variety of locations and online. A SAR is a process-oriented seminar designed to help attendees explore and challenge their attitudes and beliefs around sexuality.

As trainees grow and develop during their programs, they become more open to couples and families who relate to the world differently and perhaps view their sexuality in a way that is entirely foreign to the novice counselor. Teaching trainees to question their own assumptions and beliefs when faced with couples who view sex differently than the counselor is one strategy that is helpful in training (Cruz, Greenwald, & Sandil, 2017). Additionally, asking students to be curious rather than put off by sexual diversity is another way to help trainees. Training students to adhere to sex positive strategies and interventions is critical as we consider sex

positivity within the counseling framework of social justice, wellness, and resilience for couples and families.

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