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Integrating Sexuality into Couples Therapy

First, it is essential that you be comfortable with your own sexuality and discussing it with others in your life.

Keep in mind that many (if not most) people are uncomfortable discussing sex due to many factors such as shame, guilt, inadequacy (e.g. body image, performance), fear of rejection or judgment, etc. There is often the belief that non-verbal cues should suffice, but that's rarely enough. Before, during and after sex are all acceptable times to discuss, and the discussion itself can be a form of intimacy.

Ask your clients about their sexuality and sexual relationships while being mindful that they may present you with something out of your realm of knowledge/comfort.

Be aware that most people use the word "sex" as a synonym for "intercourse" so tell them they're not, and ask for clarification if you need it.

When seeing individuals alone while working with a couple, be clear about your ethical beliefs and boundaries about secrets ahead of time. This can be a slippery slope. Particularly with sex therapy, there may be more ease of expression without the partner in the room, so it can also limit potentially important information you receive if you decide not to see them alone.

If comfortable, see each person for at least one individual session for history and sexual history-I think this is optimum after one or two joint sessions so they are comfortable enough with you to share sensitive information their partner may not know. It may be the first time they've articulated it to another or even themselves. If they request an individual session first, encourage their partner to have one, as well, either before or after the joint session, to keep an even playing field to start.

Ask about any experience/history of sexual abuse/assault and if they were treated. I do not do hypnosis for memory recovery for sexual abuse, nor do I recommend it unless it is your area of specialization.

Ask if they (men and women) experience any pain and if so, discuss details and make any necessary referral(s). I most commonly see women who experience vaginismus (hypertonic pelvic floor dysfunction) which is a spasm of the muscles

around the entrance to the vagina, bladder and anus which is best treated by a physical therapist who specializes in pelvic pain disorders. This is not "in their heads" as they're often told, and may or may not involve sexual abuse. Regarding pain, consider your part of treatment to possibly include CBT as well as mindfulness exercises along with psychotherapy regarding anxiety, aversion, pain avoidance, etc. and especially close communication with physical therapists, as well as others helping treat the client. People may not report pain unless asked.

Kissing is a very important aspect of a couple's sexual intimacy. Difficulty in this arena is more common that realized. Ask them if they kiss deeply and passionately in a manner which both enjoy, and if the answer is no, seek answers as to why not. This is usually best done in an individual session. You might refer them to the You Tube video "How to Kiss Demonstration Tantra" or take them through the exercise in your office, step out when they're ready to kiss and be called back in after.

Ask them if they engage in foreplay and the average amount of time given to foreplay. Don't be surprised by their answer if it's none or minimal. See Sensate Focus on Resources.

The most frequent sexual problems I see in my practice are lack of emotional intimacy and/or safety, poor communication, lack of affection, low or mismatched libidos, inorgasmia, vaginismus, erectile dysfunction, early ejaculation and delayed ejaculation. There are resources available for treating all the above.

Recommend books, articles and videos which give information and guidelines to all things sexual, such as sensate focus, cliteral orgasms, penis size, communication about sex, foreplay, G spot, sex toys, lubricants, etc. Two books which are particularly comprehensive are *Becoming Cliterate* and *The Ultimate Sex Book*. Be aware that the first is excellent but does use explicit sexual slang.

When sexuality problems are intertwined with religious beliefs, tread softly on the latter, no matter your own belief system. Keep in mind that some religions, e.g. Orthodox Judaism which prohibits ejaculation for a man in any manner other than intercourse, may call for more creativity in terms of treatment. Married couples of any faith who were virgins when married often have sexual adjustment issues.

LGBTQ refers to lesbian, gay, bi-sexual, transsexual/transgender and queer or questioning-the Q (more recently added) refers to those who do not fit or do not want to choose a category for their sexual orientation or identity and those who are uncertain about those.

Definitions of transgender and transsexual: According to the Trans Awareness Project: "Sometimes transsexual is used to imply that a person has or desires to have some sort of gender affirmative surgery, while transgender is sometimes used as an umbrella term…" Transgender may also be defined as the appearance or identity of people who don't conform to cultural norms for those of their biological sex. The website goes on to say meanings vary with time, location, etc. and suggests asking a person how they describe their gender.

DSM progression on sexual orientation and identity: 1952 DSM I-a sociopathic personality disturbance; 1963 DSM II-a sexual deviation; 1973 homosexuality removed and diagnosis became a sexual orientation disturbance; 1980s diagnosis changed to ego-dystonic sexuality; 1987 DSM III-ego-dystonic sexuality removed and homosexuality was eliminated as a mental disorder; 2013 DSM 5-gender identity disorder became gender dysphoria and transgender is still a mental disorder.

BDSM is most thoroughly defined as bondage, discipline, dominance, sadism, submission and masochism. Practitioners may go to "dungeons" (an indoor space designated for BDSM play or scenes). There is an invaluable lesson to be learned by the "vanilla" population (most heterosexuals) which is that those involved in BDSM have lengthy dialogue discussing preferences, aversions, hard limits (no fly zones), etc., and both parties consent to the agreement they reach.

Kink is defined as unusual or unconventional sexual preferences. This category includes fetishes and alternative sexual practices, also referred to as alt sex. There is a website: fetlife.com, as well as a Facebook page for those who want to communicate with others who share similar sexual interests. If you don't feel comfortable or feel you have sufficient expertise, refer these clients to someone who does or seek consultation to determine if you can become more comfortable

and be capable of being accepting and therapeutic. This is the same mandate which applies to any and all areas of therapy.

Polyamory as defined by the Urban Dictionary is "The practice, state or ability of having more than one sexual loving relationship at the same time with the knowledge and consent of all partners involved." More people, especially younger ones, are trying out this model of relationships.

Female ejaculation has become more out in the open, and is an expulsion of fluid during or before an orgasm. Sufficient research is not available, but it is seen by some as a separate entity from squirting, which is said to contain more urine. Many women who ejaculate or squirt feel shame and embarrassment. If they have a partner, it is helpful to have an accepting and understanding one.

Be aware that older people may see you for sexual issues. Since postmenopausal changes effect women differently, they may need a lubricant, physical therapist or HRT if they are open to that. Vaginal estrogen creams are often helpful as well. As for men, with or without an erection and/or Viagra or Cialis, they may be very interested in sexual intimacy. Men can have orgasms and/or ejaculate without an erection (orgasms can occur without ejaculation). Since our biggest sex organ is our skin and the biggest driver of libido is our brain, as long as one or both are functioning, encourage them to enjoy whatever level of sexuality they may have.

Some additional issues which require special knowledge in sexuality include the following populations: people with disabilities (physical or mental) which today would include a great many veterans; cancer patients, survivors and their partners; couples experiencing or with a history of infertility; and parents who experience newborn loss and SIDS.