

Sexology & Sex Counseling Disciplines: What we want every provider to know

ISSWSH Pre-Course
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Objectives

- Sexology
- Model
- In Practice
- Sex Counseling Disciplines



Sexology: History

History

- Theoretical Study of Sex: Mid-1800s
Focus narrowed: Symptoms of Mental Disease
- Term “Sexology”: Iwan Bloch, late 1800s
Broad View: Offset Medical w/ Anthropology & Hx
- First Interdisc. Journal 1908: Magnus Hirschfeld, Ed.
- Alfred Kinsey, 1948
Empirical survey of behavior. Interdisc. & non-Med
- William Masters & Virginia Johnson, 1966
“Sex therapy” Began shift to limited perspective



Sexology: Definition

Definition

- The scientific study of human sexuality
- Concerned with “what people do sexually & how they *feel* about what they do” (McIlvenna, 1977)



Sexology: Perspective

Sexological Perspective: Elements of lens

- Broad (Haeberle, 1983)
- sex-positive: a philosophy
My defn: encouraging acceptance of one's own sexuality even if it means the choice to not be sexual
- Nonjudgmental (of behavior, sexual issues & attitudes)
- client-centered (=agenda-free. Caveat: RAC)
- educational in its approach to change



Sexology: Training

Training

- Experiential
- Broad/ interdisciplinary



Sexology: Functions

Functions

- Gather and disseminate research
- Encourage sex-positive approach
- Foster sexual knowledge & self-acceptance
- Roles:
 - Researcher
 - Educator
 - Clinician (educational approach, solution-focused)
 - Other (e.g. forensic, cultural, erotological, somatic)

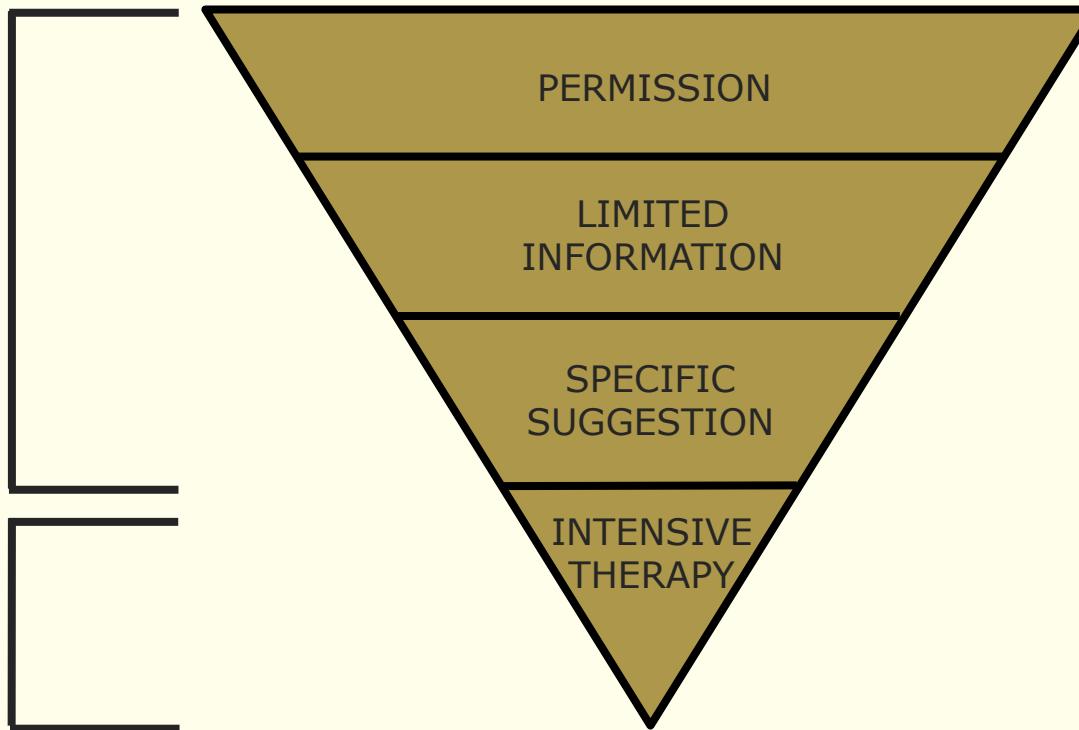


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PLISSIT Model for Sex Counseling

Brief
Therapy



Intensive
Therapy

Jack Annon, 1974



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- In Practice
- Cases



In Practice: Concerns

Common Concerns / Limitations

- Function (Sexual Response: Desire, Arousal/ Erection, Orgasm Difficulty or Lack of Control, Resolution)
- Adjustment / Comfort (Physical or Emotional)
- Tools (Protection, Pleasure, Ergonomics)
- Identity (Gender, Orientation, Relationship Structure)
- Knowledge (Anatomy & Phys, STI Protection, "Normal" Behavior, Finding Classes)
- Skill (Touch, Stimulate, Fantasize, Communicate, Position)
- Experience or Confidence
- Trauma
- Relationship (Discrepant desire, trust, fear of rejection, pain, aversion)
- Shame
- Compulsive Behavior/ "Addiction"
- Feeling abnormal (behavior, fantasy, capability, physique, etc.)
- Fear/ aversion (touch, intimacy, penetration, PAIN)



In Practice: Skills

Skills Clients Need

- Communication Skills
- Partner Participation
- Conscious Embodiment
- Remaining Present
- Building Sacred Space
- Setting Boundaries
- Managing Inner Dialogue
- Developing Appropriate Sexual Self
- Feeling Confident
- Learning to Navigate & Stimulate Body & Partner
- Working Through Fear / Loss of Control
- Verbal and Nonverbal Communication
- Recalibrate Brain's Assessment of Pain



In Practice: My Approach

- Background
- Role
 - Collaborative Facilitator
 - Educator, skills trainer
- Process:
 - Identify current competence & vision for graduation
 - ID clinical pathway: refer if needed
 - Provide safe space for exploration & processing
 - Expand comfort zone, competence, confidence
 - Meet goals and graduate!
- Toolbox:
 - Conscious Embodiment
 - Education/ CBT
 - Biofeedback
 - Communication
 - Ergonomics (positions, movement paradigm, products)



In Practice: Embodiment Modalities

- Mindfulness (Kabat-Zinn, 2003) / sensate focus (Masters & Johnson, 1966)
 - Mindfulness: "The awareness that emerges through paying attention on purpose, in the present moment, and nonjudgmentally to the unfolding of experience moment by moment" (Kabat-Zinn, 2003)
 - Helps to distinguish between discomfort and pain
- Voice Dialogue (Stone & Stone, 2000) / Body Dialogue (Stone, J.T.)
- Journaling
 - "Dear owner letter" (Epp)
- Guided Exploration
 - Envisioning sacred space (Malan)
 - Inner Body Visualization (Hartman & Fithian, 1972)
- Visualization
 - Imagery methods effective in alleviating pain (Turk & Fernandez, 1989)
- Somatic Experiencing (Levine, 2008)
- Respectful Confrontation (Weston)



In Practice: How?

How can you as a health care provider provide client support?

- Employ PLISSIT model
- Refer when reach limits of
 - Knowledge
 - Comfort
 - Time
 - Privacy



In Practice: Tips and Tools - 1

Tips and Tools

- Begin a dialogue
- Eliminate language that pathologizes sex or is emotionally charged
- Allow clients to define goals
- Disclose limitations on the topic
- Encourage any form of pleasure
- Foster empowerment
- Expand knowledge: info & resources: books, websites, courses, workshops, support groups, sex specialist
- Expand comfort zone: specific suggestions: position modification, products, partner involvement, etc.



In Practice: Tips and Tools - 2

Additional resources

- Books: Come As You Are, etc.
- Hotlines: sex info: www.SFSI.org, rape crisis: www.SWAR.org
- Websites: Sex health: www.Prosayla.com, www.ashastd.org; Sex education: www.SIECUS.org, www.SexSmartFilms.com; for teens: www.Scarleteen.com
- Practitioners: qualified sexologists & sex therapists (www.AmericanCollegeofSexologists.org, www.AmericanBoardofSexology.com, www.AASECT.org, www.SSTARnet.org, www.ISSWSH.org, www.BESTCO.info, www.IOSS)
Interview practitioner to ensure sex-positive, nonjudgmental and client-centered



In Practice: Training

Recommended training:

- Sexual Attitudes Reassessment (SAR):
Experiential process to learn about broad spectrum of human sexual behavior and one's own biases to reduce chance of judgment
(www.ISSWSH.edu, www.AASECT.org)
- Sex counseling skills: training & supervision
(www.CIIS.org, www.AASECT.org)
- Knowledge-based training: www.ISSWSH.org



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Sex Counseling Disciplines

- Sex Therapist
- Psychosexual therapist
- Sex Counselor
- Clinical Sexologist
- Sex Coach
- Somatic Sexuality Educator



Sex Counseling Disciplines

- How to find a provider?
 - AASECT.org
- How to determine if a provider is qualified or a good fit?
 - Training
 - Modalities/ tools
 - Areas of strength
 - Areas of comfort
 - Clinical population they enjoy helping
 - How they tend to collaborate with care providers

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