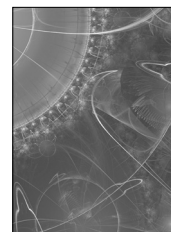


Counsellors and sex: uncomfortable bedfellows?

a personal reflection



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How often do you ask clients about their sexual lives? Is it something you feel comfortable doing or is it something you don't see the need to do? If you do ask, how comfortable and competent do you feel about dealing with what you might hear? I only ask because I am interested in how counsellors are both taught about sex and how it impacts on their work with individuals and couples and because when I do talk about this with other counsellors their response is, "we didn't do sex on my course".

To set this in context I should mention that I am a trainer, supervisor, counsellor and a sex therapist. I work with individuals and couples with relationship and sexual difficulties. I talk about sex a lot with clients and I am going to talk a lot about sex in this article. Not about sexual development which many courses cover; the sex I am talking about is the basics of sexual expression, what people do sexually and what can go wrong. About how sex fits into our lives and how we feel about what we do; about when it works and what we can do when it doesn't. And what I hope you will gain from reading this piece is maybe some knowledge, maybe some reassurance, and maybe it will stimulate a little bit of curiosity about finding out more.

What areas are we talking about that we might not be comfortable with in the counselling room? Many courses cover the development of human sexuality, how we develop a sense of gender across the female to male spectrum and all the variations between. Courses might also cover sexual orientation, who we are attracted to and the implications for opposite or same sex attraction and they might even cover how our orientation can change as that it too is on a spectrum with fluidity of expression. However, few courses will look at sexual practices, the sexual response cycle or how sex is affected by many of the other issues covered in courses, such as anxiety and depression.

Sex is a normal and fundamental part of life and like many other aspects of our life will develop, change and adapt, across our lifespan and in relation to how we feel about our self and who we are with at the time. It's not something that is fixed, it's mutable and flexible. Our sexual self is something that can be both personal and shared. In our self-awareness as counsellors we might explore and gain understanding of our angry self, our sad self, our needy self, and our compassionate self, but how familiar are you with your sexual self? Again, I only ask as it's quite important we understand our own sexual self so that we can be aware of what it might be experiencing or noticing in the counselling room. After all, it is usually the unknown and unexplored aspects of our various selves which are the ones that can get us into bother.

What sort of things should we be learning about to feel competent about working with sex?

Now sex is a funny thing as most people feel they either know about it or that they should know about it. I believe that mostly, though, unless we have a real interest, will usually only know about it from what we learnt, maybe in school or from friends, or from what we see in the media or what we read. Many of us have very little understanding of either how our bodies work sexually or what we need to do in order to help them work as best they can. Sex is a bit like food and eating: we need to understand what causes us to eat, why we need to eat, how different nutrition can aid or hinder us and what to do if eating gets outwith our control. And whilst we might feel perfectly comfortable reading up about food, trying new recipes, talking about food, we don't have the same approach to sex. Yet sex is as much a part of our natural functioning as eating.

If you have problems with food there are plenty of resources you can tap into. Fed up with eating the same thing night after night? Then pick up

a recipe book, watch a programme; it's easy to spice things up. There's no shame in saying you don't know how to cook, you can easily learn, with a celebrity cook on every channel just waiting to show and teach. And if it doesn't work then plenty of tasty ready meals at the supermarket. Fed up with your sex life, things not working as well as they did? Well, what do you do then? Lost your desire or appetite for sex, not finding it satisfying or is it painful? Well, that's likely to feel embarrassing at best, shameful at worst. And then there's the challenge of who you go to for help. You don't want everyone knowing your erection isn't working as well as it did or that penetration is painful or that you have never managed to have sex yet. So, who do you talk to? You may talk to friends, you may go to your doctor. However, doctors have very little training and they may well refer you to a specialist sexual problems clinic where you may have to wait upwards of a year for an appointment.

If things are not resolved, then your difficulties with sex may start to affect your mood, you might start to feel a bit down, and your relationship might become strained. You might decide to seek counselling for your low mood. So, whilst you talk about your low mood you might not mention your sexual problem unless that is your counsellor offers that opening. Something as simple as asking if the current difficulty affects a person's intimate/physical or sexual life can be all it takes to give the client permission to talk. They might not do it there and then, however, just by saying that this is a door that is open for the client to come back to if they want is all some clients need.

If the client chooses to walk through that door we then need to have an understanding of how sex interacts and impacts on our sense of wellbeing. Anxiety, depression, low self-esteem, all issues that come into the counselling and all can have an impact on sexual functioning and on how we see ourselves as sexual beings. Medication taken for any of the above can also impact not only on sexual functioning but also levels of sexual desire. Sex does not exist in a vacuum—it is linked to, and has an impact on, all aspects of our lives and by ignoring its presence or significance limits our view of the whole. It is inextricably linked to our feelings and thoughts about self; our self-image; self-worth and our bodily self. We look at what clients bring into the room in terms of their life experiences, their background, their difficulties and triumphs, their pain and their joys.

A quick word about sex and how it works

Sex is a complex interaction of feelings, thoughts and physical responses. Sex starts in the head with thoughts and feelings which stimulate the release of hormones which cause changes in the body which need to happen for sex to occur. It's physical, emotional and psychological and problems can occur at any time in any of the three elements.

For example, if someone is really not interested and their 'head' is elsewhere, (thinking about shopping, football, someone else) or they are tired, bored or not connected with their partner, then it might not be the best experience. If either the head or the heart isn't in it then the body might not work either. For some people with sexual problems talking about how they feel about sex, about their desires and needs might be enough. For others understanding how they think about sex, linking it to how they learnt about sex might be enough. Enough might also be giving clients the right information about how their bodies work and helping them explore what they need for sex to be good. Maybe getting them thinking back to how much time they spent anticipating and preparing for sex in the early days of a relationship, compared to the brush teeth, jump into bed routine at the end of a long day they now experience.

Offering clients the space to talk about sex might be all that's needed. Especially if it's linked to other emotionally-based issues. However, for others, though the difficulty might be more organic and physical. Not being able to maintain an erection could be about tiredness, age, the recent loss of job or relationships, not feeling appreciated, not wanting to be with the person you are with or it might be something more physical to do with the 'mechanics' of sex and sexual functioning.

Alongside an understanding of the impact of sexual difficulties on mood and self-esteem, we also need an awareness of how people have sex, be that with a partner; through self-pleasuring; in groups, with a significant or insignificant other. If it's open or covert in expression, if it's with real or virtual people, face to face, over the phone or via the internet. In books, indoors or outside, safe or risky. Alongside the knowledge, though, we must also make space to explore how we feel about all these things as well.

A brief word about sex therapy

Sex therapists work with all manner of sexual difficulties related not only to the physical but also the emotional aspects of sex. They work in the main with 'dysfunctions' such as erectile difficulties; pain on penetration; lack of penetration; and losses of desire along with orgasm problems. They also work with clients whose sex lives have been affected by illness, such as cancer, Parkinson's, disability, trauma and abuse or assault. Most sex therapists also work with the relationship and how sex sits within and is expressed.

A qualified sex therapist will usually be a member of COSRT (College of Sexual and Relationship Therapists) and is also often a member of other professional bodies such as COSCA as well. Training is either a two year post qualifying Diploma or a four year Masters level.

And then there's our own self awareness

We look at client's profiles through many faceted lenses, anger, loss, deprivation and disappointments; how often though do we also look through the sexual lens? Or do we feel that it's too much like voyeurism, a step too far, and what might we feel if we do see something we maybe don't understand or approve of or that maybe excites us. Is this a step too far, to acknowledge that some of our concerns about working with sexual feelings might draw us to a difficult and even scary edge within the client/counsellor relationship?

This I feel is a neglected area of learning, how we deal with our own feelings of attraction and desire within the counselling room. Erotic transference is not something that only happens for clients, transferences work both ways. A client talks about food and we feel hunger, a client talks of loss and we feel sad, a client talks about sex and we may well feel something sexual. It isn't wrong, however, as with all things we need to understand the significance in therapeutic work and we need to discuss in supervision. The more open we can be the safer is the client.

Conclusion

If we don't ask then how do clients know they can tell? If supervisors don't ask then how can counsellors share and if we don't teach how can we explore and understand the issues we may face with our clients. And that applies to sex as much as it does to any other aspect of counselling.

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