Sexuality Counseling Guidebook

VOLUME V

Key Issues for Counselors and Other Mental Health Professionals
Special Theme: Sexuality Counseling Across the Lifespan

By:

Graduate Students in the
Department of Counseling and Educational Development
The University of North Carolina at Greensboro

Whitney Akers
Abby Illig
Hannah Myung
Nicole Tate
Emily Teague

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PROLOGUE

This is the fifth volume of the Sexuality Counseling Guidebook, which was developed by graduate students in the Fall 2010 course, Advanced Clinical Topics in Couple and Family Counseling: Sexuality Counseling, in the Department of Counseling and Educational Development at The University of North Carolina at Greensboro.

The focus of this volume of the Sexuality Counseling Guidebook is on sexuality counseling with clients at different stages of the lifespan. Although we divide these stages by age categories, we want to emphasize that these age categories are estimates, and individuals develop at different paces.

What does *positive sexual development* mean?

While one's idea of positive sexual development can vary greatly, foundational elements include personal awareness and open self-acceptance. Positive sexual development includes growing in one's knowledge and comfort in a number of areas. Areas in which awareness can enhance sexual development include (a) processing sexual experiences to enhance personal understanding of the meaning of sex and sexuality; (b) developing an awareness of one's own sexual preferences and being able to express personal boundaries while respecting the boundaries of others; (c) having comfort in self and a sense of security, pride, and ownership in one's own body while possessing knowledge of proper self-care as one's body develops and changes; (d) being able to form meaningful and healthy relationships of secure attachment in which one can communicate openly and honestly with partners; (e) being able to confront past traumas with appropriate support (such as a counselor) when ready, and recognizing how past traumas as well as other sexual experiences may affect current interactions and emotional development; and (f) exploring sexual pleasure with self and others through accessing resources for more knowledge.

What can counselors do to promote positive sexual development among clients?

Counselors can consider the following: displaying unconditional positive regard to allow for an open dialogue about sexual development, increasing awareness of cultural and family influences, seeking professional development in sex education, developing self awareness regarding one's own values and biases, providing a safe environment, and maintaining a willingness to collaborate with other professionals when necessary. These elements will help to foster a comprehensive exploration of the client's sexual development and beliefs regarding sexuality.

Please see Dr. Christine Murray's faculty web-page to access previous volumes of the guidebook: http://www.uncg.edu/ced/faculty/murray.html.

Course Instructor:
Christine E. Murray, Ph.D., LMFT, NCC
E-mail: cemurray@uncg.edu

Table of Contents

<div align="center">**Sexuality Counseling for Children**
By Hannah Myung</div>

1. Background and Introduction

Sexual development emerges early in childhood, and several factors can influence the developmental process of an infant or a child. These factors include the child's parents, peers, society, and culture. For example, the way that parents behave and respond to their children can contribute to children's development of gender stereotyping. Family structure also has an effect on children's views on gender. Overall, practitioners should be aware of the current literature and presenting sexuality related issues that parents and children may have when they seek out counseling.

2. Common Sexuality-Related Tasks or Experiences in Childhood

There are several sexuality related experiences in childhood that is important to acknowledge. These experiences include touching genitals and body parts. It is typical for an infant as early as before his or her first birthday to play with his or her genitals (Richardson & Schuster, 2003). Researchers suggest that playing with genitals is a natural way of sexual expression during the childhood stage (Thanasiu as cited in Crooks & Baur, 2008). Additionally, it is normal for children to experience arousal such as lubricating or getting an erection (Richardson & Schuster, 2003). Also, as children explore their genitalia, they can learn about their body parts and its functioning.

Parents' response to their child's touching of genitals or exploration of body can have a significant impact to the child's sexual development (Crooks & Baur, 2008). Usually, parents respond to masturbation as a negative act or avoid discussing about these topics with their child. What is more, some parents may yell, slap, or punish their child for masturbating. These responses can adversely affect a child's sexual development and insert a sense of guilt or anxiety (Singer as cited in Crooks & Baur, 2008). Therefore, it is necessary that practitioners discuss with parents about parental responses and overall parenting to promote healthy sexual development for children.

Another common sexuality related task involved in this stage is sex play with peers or siblings. This can manifest in several forms such as playing doctor or playing house. Sex play can involve being naked, exhibiting, touching, and exploring. Although children may enact certain gender roles or marital roles (e.g., playing house) with the opposite sex, sexual feelings of attraction or romantic feelings are not usual during this period of time and are more about curiosity and exploration (Richardson & Schuster, 2003).

As children reach the later childhood years, they continue to engage in sexual play but become more discrete about them. However, feelings of attraction and sexual acts such as touching and seeing continue to be disparate until children reach preadolescence where these feelings and acts began to connect and start emerging (Richardson & Schuster, 2003). It is important to note that the child's discovery of self and their interpersonal interaction with peers are significant areas in childhood sexual development and will carry over through the adolescent years (Crooks & Baur, 2008).

3. Understanding of Gender

Gender labeling or categorizing has been shown to emerge at around 19 months and is associated with gender specific play. Thus, gender typing could be affected before children reach two years of age. It has been suggested that children may create certain gender related schemas that shape and modify their behaviors to fit these gender stereotypes (Zosuls et al., 2009). Gender typing is apparent during sex play (e.g., playing house) as children assign each other certain gender roles. In addition, children become more aware of their parents' view on gender differences and these views can influence children's behavior and the types of toys that they choose to play with.

For example, Freeman (2007) conducted a study involving 3 and 5 year old children classifying "boy toys" and "girl toys". The children were asked to indicate how their parents may respond to their classification of the toys. Parents of these children were asked to discuss about their opinions on the gender-specific toys. Results revealed that there was a discrepancy between parental beliefs on gender

related stereotypes and the messages that the children received from their parents regarding gender related tasks or play.

Most parents in this study denied having gender related stereotypes. However, the parents' approval or disapproval on certain toys or behaviors revealed that parents were inserting gender stereotyped messages to their children. Freeman (2007) reminds professionals and parents to be aware of their own behaviors and personal views in understanding gender and being cautious when communicating them to children. She also encourages parents to be consistent with their beliefs and behaviors and being intentional when promoting their child's development (e.g., a parent who wants to teach his son nurturance allows the son to play with dolls to learn caretaking behaviors).

What is more, family structure can have an influence on children's gender typing. For example, children who come from a "traditional" family (i.e., married mothers) had more knowledge of gender typing compared to children who had mothers that were not married. One possible explanation for these differences was that mothers who were not married took more of an androgynous role (Hupp, Smith, Coleman, & Brunell, 2010).

4. Role of Culture in Shaping Sexual Identity

The role of culture in shaping a child's sexual identity can be broad since culture encompasses various arrays of things. To make things easier, McAnulty and Burnette (2006) utilized Bronfenbrenner's ecological systems model to explore social influences to children's sexuality.

Some proximal influences that impact a child's sexuality include parents, siblings, peers, and teachers. Factors in the home can be parent's openness to nudity, children's exposure to the types of sexual television that is viewed by parents, viewing adult sexual interaction, and taking a bath with a parent. Through these examples, children learn what is acceptable or unacceptable and model and modify their own behaviors based on their parents' or caregiver's responses (Fredrich & Trane as cited in McAnulty & Burnette, 2006). Also, acknowledging the child's peers in regards to children's sexuality is important because peers have a significant impact on defining the sexual behavioral norms (McAnulty & Burnette, 2006).

Moreover, distal factors that contribute to children's sexual identity include cultural laws and values on sexual behavior (e.g., cultural definition of sexuality). Popular culture such as music can provide examples of words or language that people use for labeling body parts or talking about sex. Furthermore, trends in clothing show appropriate gender specific clothing. Media influences which can also play a role in defining sexual norms and gender roles shows what it means to be a boy or a girl or masculine and feminine (e.g., big boys don't cry—only girls cry). National customs (e.g., marriage) and religious values and teachings regarding sexual behavior norms all have an effect in children's sexual development. Finally, school settings also influence children's sexuality based on whether or not they provide sex education and the type of lessons they teach to children (McAnulty & Burnette, 2006).

5. Role of Family in Shaping Sexual Identity

In the previous section, the role of family structure in children's gender typing was briefly mentioned. The way family members communicate with children about sexuality related topics can also influence children's sexual development. Martin and Luke (2010) investigated whether gender differences played a role in the way mothers educate children about sexuality. Researchers found that mothers communicate more with daughters than sons about relationships, reproduction and bodies, and morality (e.g., appropriate or inappropriate sexual behaviors such as premarital sex and masturbation). These results imply that communication about sexuality is genderized even in early childhood.

Furthermore, Pluhar, DiIorio, and McCarty (2008) studied personality traits, beliefs, and interaction in families and whether there was a relationship with the communication between mothers and children about sexuality. Children who participated in this study ranged from six to twelve years old. Participants were asked to provide information regarding communication about sexuality, general

communication between mom and child, parental involvement, the relationship between parent and child's peers, child's behavioral problems and social skills, self-efficacy of mothers, outcome expectations, and level of comfort with talking about sexuality.

Researchers found that communication about sexuality occurred more between mothers and daughters (compared to sons) and older children. Also, there was a correlation with mother's self-efficacy and level of comfort and frequency of communication about sexuality with their children. Researchers suggested that self-efficacy and level of comfort are factors that can be modifiable. Therefore, interventions can focus on these areas by encouraging activities such as role playing which can help parents develop skills and increase comfort levels in communicating with their children about sexuality (Pluhar et al., 2008).

Finally, researchers included fathers as participants in Byers, Seras, and Weaver's (2008) study. This study was conducted to examine the quality, frequency, and duration of communication regarding sexuality between parents and children. Children who participated in this study ranged from being in kindergarten to eighth grade. Mothers as well as fathers were also participants. There was a positive correlation with parent's own knowledge of sexual health education and the quality, duration, and frequency of sexuality related communication and education between parent and child. Parents who received sexual health education from their own parents were shown to provide quality education to their children about the biological aspects of human sexuality. However, these parents reported that they continued to experience difficulty in discussing sensitive topics about sexuality including sexually transmitted diseases, sexual coercion, and assault.

Moreover, parents who showed more support for comprehensive sex education were shown to provide their children improved quality of sex education, an exploration of different sexual health topics in more detail, and encouragement in asking questions. Additionally, parents were found to be communicating in more detail about sexuality topics with children in the upper grade levels. However, these discussions were still rated as discussing in "general terms" and not in real detail about sexuality even if these topics were found to be appropriate for the child's developmental stage (Byers et al., 2008). Overall, it is necessary for practitioners to involve parents when working with children regarding sexuality related issues because the ways parent communicate can affect the awareness, knowledge, beliefs, behaviors, and overall future sexual development for children.

6. Possible Counseling Issues (e.g., Individual, Family, and/or Couple)

For practitioners in the mental health field, several possible counseling issues may arise when working with children and sexuality. One common issue that parents may present can be about talking to their children about sex. As previously mentioned, several researches have studied parent-child communication about sexuality. It can be seen how parents start influencing their children's sexual development even in early childhood. Therefore, practitioners should help parents be more aware of their behaviors and messages that they give to their children and work with parents in becoming more intentional about parenting.

Moreover, it is also likely that for parents who do discuss sexuality related topics with their children to talk about these in general terms or "on the surface". Sexual development is a continuing process and is important that parents acknowledge that talking about sexuality is not a brief encounter that is dealt with once in a life time with their children. Rather, it is important that parents continue to educate and be aware of the different developmental stages of their child's sexuality. Practitioners can provide appropriate education and resources to help parents. Lastly, as mentioned earlier, practitioners can increase parents' comfort levels in talking to their children through role play or communication skill building.

Other presenting problems can include sexual abuse, sexual bullying, inappropriate touching or sexual behavior between siblings, inappropriate sexual conduct in public, and issues on sexual play and

exploration. Practitioners should seek appropriate education, training, consultation, and resources to work with parents and children regarding these areas.

7. Additional Guidelines for Counseling Practice

The Wickstrom (2010) article included in the reference list can be helpful for practitioners who are interested in working with children and play therapy. Because play therapy is a common approach when working with children, being aware about play therapy approaches regarding gender will be beneficial. Briefly, the article discusses how Child Parent Relationship Therapy can have an impact on children's gender development.

8. What resources (e.g., books, Internet sites, and journal articles) are available to help professionals learn more about this developmental stage?

Websites that may be helpful for professionals include:

- http://kidshealth.org/parent/growth/sexual_health/development.html
- www.talkingwithkids.org
- http://www.nick.com/all_nick/everything_nick/kaiser/welcome.html

Some children's books that professionals may utilize to learn more about this stage or when working with children include:

- Saltz, G., & Cravath, A. (2009). *Amazing you: Getting smart about your private parts.* Baker & Tayor, CATS.
- Brown, L., & Brown, M. (1997). *What's the big secret? Talking about sex with girls and boys.* Hachette Book Group.
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<u>**Sexuality Counseling for Adolescence (Age 12-18)**</u>
By Whitney Akers

1. Background and Introduction

The topic of adolescent sexuality is often surrounded by uncertainty, discomfort, and ethical disputes, as evidenced by historical and ongoing controversies such as the debate between implementing comprehensive sex education versus abstinence-only education in the schools, decisions to provide or restrict adolescent access to birth control and contraception, and the impact of the media and advertisement on adolescent sexual activity, to name a few. Adolescence presents maturation in numerous areas of an individual's life, affecting one's personal relationship to self, as well as relational aspects within family and social systems. Considering the rapid onslaught of physical, mental, emotional, and social changes adolescents experience, participation in sexuality counseling can offer support crucial to facilitating understanding of this developmental stage ripe with sexuality-related concerns. Involvement in a safe, respectful, and challenging counseling relationship can help adolescents develop self-awareness and self-acceptance in the realms of sexuality and overall identity.

2. Common Sexuality-Related "Tasks" or Experiences in this Stage

Rapid progression of sexual maturation can lead adolescents to confront numerous and diverse sexuality-related tasks or experiences. Adolescence is a time of exploration and experimentation with social and personal identities, as well as sexual identity. Many individuals' first experience of dating occurs during adolescence, bringing into consideration relationships, emotional closeness and sexual exploration. Throughout this process, an adolescent can struggle in clearly defining their sense of self, autonomy, and control over their own body.

Many adolescents confront pressure to become sexually active in dating relationships and must investigate and develop personal boundaries of acceptable or desirable sexual behaviors. Demonstrating the need for therapeutic discussion of adolescent sexual activity and safe sex practices, Darroch, Singh, and Frost (2001) reveal that the United States has the highest rates of teenage pregnancy, transmission of sexually transmitted infections and diseases, elective abortion, and teenage childbearing out of all developed countries (as cited by Labor et al., 2005, p. 137). The National Campaign to Prevent Teen and Unplanned Pregnancy (2010) calls for action to increase dialogue around and access to safe sex practices, stating that as of 2009, 46% of high school students in the United States have had sex, 34% are sexually active, and 14% disclose having had four or more sexual partners. Of the sexually active adolescents, only 61% reported using a condom, and 20% reported using birth control pills during their most recent sexual encounter (The National Campaign to Prevent Teen and Unplanned Pregnancy, 2010).

Additionally, Houston, Fang, Husman, and Peralta's 2007 study compared the frequency of vaginal versus anal sex in adolescents who are in committed sexual relationships and casual sexual relationships finding that when engaged in penile-vaginal intercourse, adolescents more frequently used condoms in casual relationships than in committed relationships. However, adolescents in casual sexual relationships tended to use anal sex as a contraception method and thus did not incorporate condom use into their sexual interactions. While many sex educators and health care providers do not often discuss anal sex with heterosexual sexually-active adolescents, more frequent use of anal sex as a pregnancy-preventing alternative seems to be a growing trend in this population, increasing the likelihood of STI/HIV transmission. According to this article the demand is high for health care educators and providers to recognize the occurrence of anal sex in the teen population, the beliefs and assumptions about anal sex held by teens, and the risks of anal sex in terms of STI/HIV prevention, not only pregnancy prevention (Houston, Fang, Husman, & Peralta, 2007). Understanding and implementing one's sexual limits and boundaries can be difficult without a space in which one can process thoughts and gain relevant health information. Engaging in sexual activities before ready or due to pressure as well as facing consequences like infection with an STI/STD, unplanned pregnancy,

or possible social ostracization can quickly change an adolescent's self-perception, self- esteem, and social status, all spheres that simultaneously impact and are influenced by sexual development. Developing autonomy and exercising of control over one's body can help an adolescent to clearly understand their expectations for themselves and others within relationships, providing a sense of power and pride in their choices.

Another significant task during this period is exploring sexual orientation. Berlan et al. (2010) discuss hardships many adolescents exploring sexual orientation or identifying as lesbian, gay, or bisexual may face, such as suicidal ideation, bullying and threats to safety, and witnessing homophobic violence, accounting for the finding that non-heterosexual adolescents experience bullying twice as often as heterosexual peers. Whether exploring sexual orientation as a heterosexual, lesbian, gay or bisexual adolescent support in constructing, enacting, and permitting fluidity in identity can enhance and make easier the road of exploration.

3. Understanding of Gender

Living in a heavily-gendered society which often polices social roles often influences adolescents' understanding and embodiment of gender. Differing rates and signs of sexual maturation, the development of primary and secondary sex characteristics, can greatly influence one's display and enactment of masculinity and femininity. Lindberg (2009) found that female adolescents from age 11-15 self-report greater embodiment of femininity than boys but the equal embodiment of masculinity as boys in this age range. In examining the shift in gender roles moving to more egalitarian constructs and the effect changing gender roles have on social desirability of gender presentation, Lindberg also found that traditional masculine and feminine attributes are still more desirable when expressed by men and women, respectively (2009). Adolescents involved in gendered activities such as sports or extracurricular engagements may encounter pressure to conform to historically gender-consistent roles, feeling effects of gender-policing through bullying, threats, or stigmatization when operating outside of socially-accepted roles. Alternatively, they may experience the opportunity to exist within and between the socially-constructed gender binary, fully expressing their masculine, feminine, and gender-nonconforming traits. Either path influences existing alone or together influence an adolescent's understanding of gender and freedom of self-expression in the display of one's gender identity.

4. Role of Culture in Shaping Sexual Identity

Hyper-sexualized depictions of men and women pervade the media and pop-culture. Many media sources directed toward consumer populations of adolescents such as movies, magazines, advertisements, and music videos display teenage sex and sexuality (Pinkleton et al., 2008). Greenberg (1994) claims that many television programs geared toward adolescents often portray "glamorized" and "unrealistic" displays of sex without providing discussion dedicated to addressing risks and realities of participating in sexual activity (as cited by Pinkleton et al., 2008, p. 463). Brown and Steele (1995) also found that when adolescents believe sexually active characters in media benefit from sexual interaction with few negative repercussions, they are more likely to imitate viewed sexual behaviors (as cited by Pinkleton et al., 2008, p. 463). Pinkleton et al.'s 2008 study investigated the effect of educating adolescents about unrealistic media portrayals of sex, comparing reality with the fictive notions gained from media, and discussing sexual health on adolescent views of media sexuality and change in behavior or belief about their own sexual identity. This study found that after exposure to media myths regarding sexuality, adolescents retained a more realistic depiction of the proportion of sexually-active teens, felt more confident they could abstain from unwanted sexual behavior, and were more aware of unrealistic expectations surrounding participation in sexual activity such as enhanced social status and lack of complications (Pinkleton et al, 2008). Possible exploration of media images could also encourage examination of pervasive and gender-specific relationship roles, empowering adolescent clients to refrain from ascribing to stereotyped behaviors and identities in relationships in exchange for recognizing their own needs and voice.

Research has also shown body image and self-esteem to be greatly influenced by media culture which is flooded by media images that set unrealistic expectations for body image, contributing to higher levels of body dissatisfaction for adolescent males and females. Explicitly focusing on the sexually-charged presence of scantily-clad, thin models in music videos, Bell, Lawton, and Dittmar (2007), found that after watching music videos with images of thin models, adolescent girls reported decreased satisfaction with their bodies. Additionally, Clay, Vignoles, and Dittmar's 2005 study found that exposure to unrealistic images of female bodies in the media contributed to heightened body dissatisfaction and decreased self-esteem in adolescent females.

While much research focuses on female body consciousness, males are increasingly expressing body image dissatisfaction in response to surplus media portrayals of sexualized, ideal male bodies that conform to a particular athletic, strong, lean, muscular, symmetrical physique (Davey & Bishop, 2006). A 1998 study by Furnham and Calnan (as cited by Grieve, 2007, p. 67), found that 69% of the research sample of adolescent males expressed dissatisfaction with their bodies due to feeling their present body shape deviated from their ideal body shape, and Cafri, van de Berg, and Thompson (2006) revealed that 9.8% of adolescent males ages 15-19 had used muscularity-enhancing drugs in their lifetime to enhance desired body shape. These alarming findings are representative of the impact media and pop culture have on adolescent body and sexual identity across genders.

5. Role of Family in Shaping Sexual Identity

Davis and Friel's 2001 study found that a primary factor that delayed an adolescent's onset of sexual activity was a positive mother-child relationship, increased levels of interaction and conversation between a mother and child, and mother's openness to discussion of sex and sexual activity, but in adolescents who were already sexually active, these variables had no effect. Understandably, an adolescent's experience of an open or closed dialogue about sex, sexual health, and body development within the family setting can alternatively impact their understanding of their bodies, their emotions, and themselves in relation to others.

Another research study investigated the role of sibling relationship in influencing the age of onset of sexual activity, finding when compared at the same age, younger siblings are more sexually active than their older siblings and younger siblings of siblings who are not virgins are more sexually active than younger siblings of siblings who are virgins (Rodgers & Rowe, 1988). Further investigation into this area could examine the possibility that adolescents may model family behavior and sexual paradigms, thus repeating familial patterns and observed sexual interactions.

6. Possible Counseling Issues (e.g., Individual, Family, and/or Couple)

Possible counseling issues pertaining to adolescents and sexuality are endless. Directly addressing sexual behavior and safety, counselors may address issues like the decision to become sexually active, safe sex, pregnancy prevention, and the consideration of abortion. As previously mentioned, the high rate of STI/D transmission could require discussion of STI/D awareness, prevention, testing, and coping if infected. Exploration of drug use and its effect on adolescent voluntary and coerced sexual activity like rape might also be necessary if drugs are commonly used in facilitation of sexual activities. In conjunction with coping with sexual violence, physical and emotional dating violence may merit addressing. Draucker and Martsolf (2009) examined the role of electronic dating violence through email, chatting, instant messaging, and texting in adolescent romantic relationships. They found that electronic communication reorganizes personal limits and boundaries between dating couples, enabling violence in the form of inter-partner arguments, providing access to monitor and exercise control over a partner's activities or location, and creating a portal for expressing emotional and verbal aggression toward a partner (Draucker & Martsolf, 2009, p. 136).

Adolescents may suffer ostracization from peer group for choosing to engage or not to engage in sexual activities and the resulting loneliness and frustration that accompany shifts in reputation. Honest examination of personal values as well as factors like emotional impulsivity and volatility may also

surface in counseling. Facilitating a discussion of healthy relationships, self-esteem, self-respect, and personal goals can be useful in counseling to help adolescents try on different identities in the comfort of a safe and judgment-free space. Integration of family members may also be necessary to facilitate a corrective dialogue about sex and sexuality in a non-shaming manner.

7. Additional Guidelines for Counseling Practice

The therapeutic alliance is of utmost importance in a counseling relationship with adolescents. Desired counselor characteristics include the ability to approach adolescents with unconditional positive regard, empathy, warmth, respect, and acceptance (Kardatzke, 2010). Through showing a genuine interest in adolescent's stories, allowing rapport to build in a timeframe comfortable to the adolescent, and consistently refraining from judging an adolescent can help counselors actively engage and align with clients (Kardatzke, 2010). Demonstrating an understanding of the physical, social, emotional, and sexual chances in adolescence contributes to implementing effective counseling approaches and techniques. Motivational interviewing has often been used in counseling to asses and address client ambivalence about and motivation to change behavior. Also implementation of narrative-based therapies, creative and expressive therapeutic interventions, and art/music/movement activities can also further the effect of a counselor's work with this population (Kardatzke, 2010).

8. What resources (e.g., books, Internet sites, and journal articles) are available to help professionals learn more about this developmental stage?

http://www.avert.org/teens.htm   http://www.iwannaknow.org/
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<u>**Sexuality Counseling for Young Adults**</u>
By Emily Teague

1. Background and Introduction

When discussing sexuality among adults, it seems that a common misperception is that sexual development ends with adolescence (Sharpe, 2003). However, it is important to remember that because, as human beings, we continue to change emotionally, mentally, and physically throughout the course of life, sexual identity continues to evolve as well. In this chapter, common sexuality and gender-related experiences and influences for those between the ages of 19 and 40 will be discussed, as will considerations for clinical practice regarding sexuality with individuals, couples, and families.

2. Common Sexuality-Related "Tasks" or Experiences in this Stage

Early adulthood includes many significant cornerstones in development. During this time in life, many people face issues involving decisions to form long-term relationships, such as marriage and partnerships, or short-term relationships, such as dating relationships, forming a new family apart from their family of origin, possible fertility or infertility issues, establishing a comfort with oneself and with others in intimate relationships, as well as continuing to form a personal understanding of sexuality.

According to developmental theorist Eric Erikson, by the time adolescence ends, individuals should have completed the developmental stages of trust versus mistrust, autonomy versus doubt, initiative versus guilt, industry versus inferiority, and identity versus role confusion. Therefore, young adults hopefully emerge from adolescence with an understanding of who they are and are prepared to face the stage of intimacy versus isolation, the stage most closely linked to sexuality. The most important challenge in this stage is the development of intimate relationships, which according to many theorists, including John Bowlby, requires the ability to form secure attachment bonds with others. Without trust, autonomy, and a firm sense of identity, individuals may not be capable of intimacy or forming long-term, rewarding relationships with significant others, including sexual relationships (Sharpe, 2003). According to Bogaert and Sadava (2002), "individuals with a secure attachment style are confident and trusting in intimacy, develop closeness with others easily, tend to feel stable and committed in their relationships, and rarely worry about being abandoned. Avoidant individuals are characterized as uncomfortable with intimacy and as emotionally distant and aloof; they have difficulty trusting and depending on others, and report being uncomfortable when anyone gets too close. Anxious-ambivalent individuals are characterized as having relationships fraught with dependency and conflict; they report that others are reluctant to get close/intimate with them, they view others as undependable and untrustworthy, and they worry that their partner does not love and/or will abandon them." Butzer & Campbell (2008) found in their study that attachment style is closely related to marital and satisfaction, with securely attached individuals having fewer sexual partners over time and more successful long-term relationships whereas those with an avoidant or anxious-avoidant attachment are more likely to have more short-term relationships and be more promiscuous.

While one of the most important tasks in sexual development for young adults is the ability to form secure attachments and gain the capacity for intimacy, young adults are faced with many other tasks at this time in life, including exploration and building of one's career, forming close friendships, exploring dating relationships or deciding to remain single, possibly marriage or partnership, decisions on if and when to have children, parenting styles, and learning to balance several of these possible tasks at once. During this time, it is hoped that young adults are confident in their identity and able to form various types of intimate relationships to support them in the many decisions and life changes that take place and prepare them for their years in older adulthood.

Sharpe (2003) claims that during young adulthood, individuals are physiologically in their prime and able to physically explore their sexuality with more safety than in later adulthood. Because sexual satisfaction has been found to be a major contributor to one's quality of life in later life, ranking at

least as high as spiritual and religious commitment (Allen, Petro, & Phillips, 2009), another task for young adults is to explore their sexual selves and to assert themselves in sexual relationships.

3. Understanding of Gender

Gender identity is something that many people mask as a black and white issue. However, young adults' understanding of gender is multifaceted and is a vital part of healthy sexual development in this stage of life. How someone feels about their body- their body image, sense of ownership over their own bodies, and their comfort with their bodies- is part of their gender identity. One of the biggest influences on sexuality and body-image is the media. Adults must face challenges of idealized body-types and define sexuality and positive body-image for themselves to create the comfort conducive to intimate sexual relationships. Although it seems times have changed a good deal in the past few decades, gender power differentials still exist in the workplace, in the home, and in some sexual relationships. In a sexual relationship, do both adults have the right to say yes or no to sexual interactions? Does this depend on partners' genders? These are important questions for young adults to ask themselves.

According to Crook, Thomas, and Cobia (2009), "masculinity is a socially constructed set of hierarchical relations among and between men"; therefore, it can be assumed that the same may be true for femininity. Part of a young adults' development is identifying how they define themselves as male or female, masculine or feminine, heterosexual, homosexual, bisexual, or asexual, how they choose to express their gender identity, and challenge themselves to be comfortable in their own sense of selves. When young adults become parents, they will have to decide how they define gender for their child. Is it ok for boys to play with dolls and play dress-up? Is it ok for girls to climb trees and play with "action figures"? Will the boys be dressed in blue and decidedly "boy" clothing and the girls in pink dresses or will their clothing be gender-neutral. What age is it ok to teach children about sex? What do you tell them about what it means to be a boy or girl? Do both parents hold the same amount of power in the home with regard to decisions or does one usually have the final say? In a heterosexual relationship, is it ok for the father to stay at home with the kids? How are decisions made regarding possible career moves? Is the bread-winner decided through gender or through career success or desire? All of these issues are crucial in a young adults understanding of gender.

4. Role of Culture in Shaping Sexual Identity

What is expected in your culture strongly influences the sexual identity of individuals (Sprecher, Harris, & Myers, 2008). Culture includes everything from what media portrays sexuality to be, how religious views impact sexual identity and expression, the information available to the public through schools, universities and libraries, what is socially acceptable for adults to discuss with peers, colleagues and partners, and countless other influences (Cohen, 2003). In a patriarchal society, it is not uncommon for a woman who sexually expresses herself to be met with discomfort instead of acceptance and reassurance of safety.

Religion is a very strong cultural influence on the sexuality of young adults, and depending on the religion and individuals' interpretation of relation, views on acceptable sexual expression vary greatly. For instance, many eastern religions, including Taoism, Hinduism and Buddhism view sexuality and spirituality as intertwined (Turner, Fox, Center, & Kiser, 2006). Others, such as some Christian traditions, encourage adults to be celibate or to wait until marriage to engage in sexual activity, and reinforce traditional gender roles and sexual orientation. Young adults must consider what influences their own individual sexuality as well as what cultural roles and pressures "match" with their own to work towards a state of congruence.

There are other cultural pressures other than what types of bodies and sexual attitudes and expressions are acceptable. In some cultures, pressures to maintain traditional gender norms and for females to raise children remain as do cultural influences on what type of home environment to create. Culture also influences attitudes related to sexual health issues (such as norming dialogue related to

sexual history and STI testing), contraception, family planning, and abortion- all issues that young adults may have to discuss at some point in time (Brownlie, 2006).

5. Role of Family in Shaping Sexual Identity

Many of us have a story on how our parents told us (or dodged telling us) about sex. We can also most likely look back to childhood and remember if our parental models were affectionate or not or if sex was ever hinted at by parents. These early recollections are part of what forms a sexual identity. According to Sprecher, et al., (2008) interpersonal relationships, such as with peers and family, are among the biggest influences on individual's sexual desire, sexual attitudes, and sexual knowledge. As young adults, the influences of family on sexual development will need to be acknowledge as adults form intimate sexual relationships, potentially with long-term partners (such as husbands and wives), to establish a level of openness in sexual dialogue comfortable for both partners. As young couples move from their family or origin to establishing a new family of their own, parenting issues related to children's sexual development with arise. Young adults face the questions of what rules to establish regarding sex (i.e. Is it ok to talk about sex? Is it ok to explore sexuality through masturbation? Through peer sex-play?), how to present sexual development information to children, at what age is the information appropriate, and what attitudes about the human body are established and passed to the next generation?

6. Possible Counseling Issues (e.g., Individual, Family, and/or Couple)

As counselors working with individuals, families, and couples, sexuality is something that is often overlooked; however, as you have read, sexuality is such an integral part in adult development and several counseling issues can arise. Adults are most likely continuing to gain an understanding of their sexuality, the meaning that it holds for them, and a sense of personal responsibility and assertiveness regarding sex and its emotional and physical consequences. Individuals may need help in navigating if and when to form romantic partnerships through dating and possibly marriage. As discussed earlier, one of the main tasks for young adults is establishing intimacy in trusting relationships, which is not an easy task to accomplish. Many adults feel they lose themselves when joining with a partner or may have difficulty trusting others for various reasons which counseling could be beneficial. Couples may need counseling related to family planning issues such as whether or not to reproduce and how to raise children. Although age-related illness and decline in physical function are not as common among young adults as younger adults, sexual dysfunctions and disorders are likely to be counseling issues for individuals and couples. Just as young adults may be forming long-term relationships, counseling may be needed for the ending of relationships, such as divorce or separation, as well.

7. Additional Guidelines for Counseling Practice

Sharpe (2002) suggests that there is no single unifying theory or approach sexuality counseling and that because sexuality is such a multifaceted issue, counselors should approach sexuality issues with young adults from a holistic perspective, combining biologic psychological, social, and cognitive disciplines and theories. It is also suggested that counselors must examine their own personal values, beliefs, and experiences related to sexuality prior to working with clients on sexuality-related topics (Turner, Fox, Center & Kiser, 2006). Counselors must also recognize that sexuality is a dynamic issue and holds different meanings for different people. Because of this, treat sexuality counseling with multi-cultural sensitivity, asking questions rather than assuming (Crook et al., 2009). Finally, it is crucial for counselors and physicians to talk to one another regarding possible client sexuality issues to ensure that clients are treated holistically (Sharpe, 2003).

8. What resources (e.g., books, Internet sites, and journal articles) are available to help professionals learn more about this developmental stage?

-*Schnarch, D. (1998). Passionate marriage: Keeping love and intimacy alive in committed relationships. New York: Owl Books.*

This book discusses issues of emotional and sexual intimacy and development among adults.

- *Johnson, S. M. (2004). The practice of Emotionally Focused Couple Therapy (2nd ed.). New York: Brunner-Routledge.*

This book discusses couples' counseling through an attachment and emotionally-focused lens.

-*Selverstone, R. (1991). Sexuality education can strengthen democracy. Educational Leadership, (58-60).*

This article discussed learning to challenge our sexuality education to encourage freedom of thought, not domination.

- *McCarty, R.W. Facilitating Dialogue on Religion and Sexuality Using a Descriptive Approach*

This chapter offers practical steps for creating and navigating difficult dialogues with respect to sexuality and religion.

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<u>**Sexuality Counseling for Middle Adulthood (41-65 years)**</u>
By Nicole Tate
1. Background and Introduction
    Often individuals perceive that sexual development begins and ends in adolescence when physical maturity is reached. In reality, sexual development is ongoing process of "recognizing, accepting, and expressing oneself as a sexual being" (Sharpe, 2003, p. 420). Sexuality is a multifaceted issue and each stage of life brings a new set of experiences and challenges. Middle adulthood is defined as ages 41-65, and during this stage various experiences can arise pertaining to sexuality. Common experiences will be listed below along with how gender, culture, and family may influence one at this stage of life. This chapter will outline relevant sexual experiences during middle adulthood, possible counseling issues, and implications for effective counseling practice.
2. Common Sexuality-Related "Tasks" or Experiences in this Stage
    This stage of life can introduce various experiences that may be of concern, such as menopause, fears aroused by aging, fears of aging, and restructuring of family constellation (Hogan, 1985, as cited in Sharpe, 2003). According to Erickson's stages of development, for an individual in middle adulthood, generativity versus stagnation is a primary concern. Generativity is defined as one's ability to care for others and an illustration of this is parenting which is a key issue during this phase of life. In addition, the ability to "look outside of oneself" and care for others may also influence satisfaction in one's sex life (Sharpe, 2003, p. 421). Individuals also may struggle with physical changes in this stage, such as hair turning gray and developing wrinkles. These changes may begin to threaten an individual's self concept and self-esteem.
    In addition, fertility is another topic that is often addressed during this stage of life. Couples may come into counseling in order to discuss stress in their relationship regarding infertility or preparing for in-vitro fertilization. Moreover, families who wait until later in life to have children may experience redefinition of roles during the early stages of middle adulthood when children are born. Parents striving for an egalitarian relationship will be faced with new challenges at this time (Koivunen, Rothaupt, & Wolfgram, 2009). Redefinition of roles will also occur later in middle adulthood when the children leave the home (i.e. empty nest). At this time the parents will begin to restructure their roles in the family. Furthermore, menopause is a factor that may influence an individual's sexual development during this stage of life. Many common misconceptions and preconceived notions go along with this experience.
    During this stage individuals may also become dissatisfied with the roles that they have played and desire something different in middle adulthood (Sharpe, 2003). This is often defined as the mid-life crisis which is encountered when one realizes their own mortality. During this stage one may choose to change jobs or redefine their roles in other ways.
3. Understanding of Gender
    In the initial stages of middle adulthood couples may be raising young children and working to establish new roles in the family. Research shows that despite heterosexual couple's best efforts to remain egalitarian they often fall into traditional gender roles (Belsky & Kelly, 1994; Deutsch, 1999; Nomaguchi & Milkie, 2003, as cited in Koivunen, Rothaupt, & Wolfgram, 2009). This may cause difficulties between couples and develop into an issue to be addressed in counseling. Women may perform the majority of the household tasks and experience anxiety due to the unequal distribution of work in the home. At this stage in their sexual development men and women may be redefining what their role is in the home based upon sex role expectations.
    Furthermore, during the later parts of middle adulthood men and women will begin to experience physiological changes (e.g. graying hair and wrinkles). These changes may threaten one's self concept based on societal expectations. Moreover, in U.S. society aging is not equal between the sexes (Tiefer, 2001, as cited in Sharpe, 2003). Men often find the emphasis of their sexual attraction placed on their

achievements and financial stability, and in contrast women are often judged by their physical beauty and youthful appearance. These socio-cultural gender expectations may contribute to an individual's low self esteem and sexual dysfunction.

4. Role of Culture in Shaping Sexual Identity

It is a popular belief in the U.S. culture that sex is unimportant later in marriage. This cultural evaluation may influence individuals in the middle adulthood stage of sexual development. One or both partners may develop a preconceived notion that sex is no longer of importance in their marriage which may cause dysfunction in the marriage. Physiological changes are inevitable and social expectations play a large role in influencing how individuals respond to these changes. For instance, menopause is experienced by women in the stage of middle adulthood and a popular myth is that this is always a time of discomfort and depression (Sharpe, 2003). Contrary to this belief, a satisfying sex life after menopause is still possible. Changes in sex life may occur, however not all of the changes will be negative (Voda, 1998, as cited in Sharpe, 2003). For instance, Zeiss and Kasl-Godley (2001), reported that many individuals show an increase in sexual satisfaction and desire for sex after menopause (as cited in Sharpe, 2003).

Another common societal expectation during this stage of life is an expectation of a mid-life crisis (Sharpe, 2003). This stage of life is a time of reassessment but not inevitably a time of crisis. During this stage of life an individual may be influenced by media and popular belief that changes during this stage of life are always for the worse. Society often portrays middle adulthood as a time of loss, and in reality middle adulthood is characterized as a time of sexual satisfaction (Masters, Johnson, & Kolodny, 1995, as cited in Sharpe, 2003). This idea ageism in society (i.e. loss of pleasure later in life) may influence an individual's self concept and preconceived notions about aging.

5. Role of Family in Shaping Sexual Identity

In middle adulthood couples may be sorting through what it means for them to have children as a result of infertility issues. In making choices about how to conceive a child (i.e. in-vitro fertilization, sperm/egg donation) a couple may be influenced by their personal biases regarding alternate forms of conception that may have been instilled by their family of origin.

Family plays a large role in one's sexual development. As stated previously, during this stage men and women may be redefining their role in the home and with parenting. Individuals will benefit from exploring their own beliefs regarding sex roles and where these beliefs originated (e.g. what their family of origin divided tasks in the home).

During the later parts of this stage individuals may be experiencing difficulties due to the shift in roles after all of their children have left home; often referred to as the "empty nest syndrome" (Raup & Myers, 1989). At the times the mother and father may begin to redefine their sexual identity further regarding what their role is in the home. For instance, the parent who was primarily home with the child will begin to reestablish their role as a man or woman.

6. Possible Counseling Issues (e.g. Individual, Family, and/or Couple)

As stated previously, infertility may be a counseling issue during middle adulthood. It is becoming more common for couples to seek counseling before in-vitro fertilization in order to discuss the stresses of being infertile, having to undergo treatment, and effects this has had on their relationship (Savit-Smith, 2003). The issue of infertility brings about many issues for a counselor to be aware of, such as financial obligation of infertility treatment, stress from failed treatments (i.e. feelings of anger and resentment), choices of adoption or sperm/egg donation, and whether to tell the child of the method in which they were conceived. Couples may also have difficulty deciding who they want to disclose their method of conception to friends and family.

Other possible issues that may arise in counseling are a woman's reaction to menopause (e.g. possibly feeling depressed or anxious due to preconceived notions of what it means to no longer have her menstrual cycle), lack of sexual satisfaction and difficulties for couples (e.g. expectations of how

intimacy "should" be later in life, marital issues due to the rebalancing of roles after having children, self-esteem issues due to physiological changes, and a desire to overcome cultural stereotypes for midlife women.

7. Additional Guidelines for Counseling Practice

Due to the many social and cultural biases regarding aging, a counselor has the opportunity to help clients uncover their preconceived notions about aging and reaffirm that midlife can be a time of positive change and deepening commitment in relationships (Sharpe, 2003).

Counselors would also benefit from an awareness of the stressors that are influencing individuals during this stage of development. More specifically, in early middle adulthood many individuals are having children and it will be important for the counselor to explore the changes in their marriage and negotiating gender roles. According to Koivunen, Rothaupt, and Wolfgram (2009), the counselor can help the client navigate their new journey with children by "nurturing constructive communication patterns, bringing awareness to possible shifts in power, renegotiating roles, support efforts to increase father involvement, managing affect, and maintaining emotional intimacy" (p. 326).

In a study conducted by Henry and Miller (2004), midlife marital problems were examined using data from a national random sample of married individuals between 40 and 50. In this study they determined that the most common problem areas reported were financial matters, sexual issues, and parenting styles. This study highlights how sexual issues can be destructive to marriages during midlife and the importance for counselors to address the couple's sexual satisfaction in order to gain a comprehensive assessment of their relationship and the stressors they may be facing.

8. What resources (e.g. books, Internet sites, and journal articles) are available to help professionals learn more about this developmental stage?

- http://blue.utb.edu/ecantu/Psyc%202314/Feldman3Notes/MiddleAdultPhysCogFeldman3Notes.htm
  - This website outlines physical and cognitive changes during middle adulthood including ongoing sexuality and changes in reproductive functioning
- http://www.themediaproject.com/facts/development/lifecycle.htm
  - This website outlines sexual development through the life cycle
- Penteado, S., Fonseca, A., Bagnoli, V., Assis, J., & Pinotti, J. (2003). Sexuality in healthy postmenopausal women. *Climacteric*, *6*(4), 321-329. Retrieved from Academic Search Premier database.
  - Nine hundred and ninety-nine women (age range 41-60 years) underwent physical and supplementary tests and answered questionnaires regarding sexual behavior. This study confirmed the importance of relationship, psychological, hormonal, economic and behavioral factors on sexuality. In addition the study looked at how current and prior events seem to affect the satisfaction and orgasmic capacity of healthy postmenopausal women

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Sexuality Counseling for Older Adulthood
By Abby Illig

1. Background and Introduction

Many people in contemporary American society still believe that sexuality and sexual desire ends at some point during adulthood. Myths about the elderly and sexuality continue to perpetuate in contemporary American society, but as education increases and the baby boomers continue to age confidently and open-mindedly (Langer, 2009), ideas of elderly sexuality are shifting. Research does not show that all older men and women grow disinterested or give little value to sexual activities (Willert & Semans, 2000). Although sexual expression may change with age, desire for love, intimacy, and companionship does not end (Henry & McNab, 2003). Older adults are not the asexual beings that many prefer to assume they are (Bauer, 2007). In fact, many professionals agree that sexual activity in older adults can be therapeutic (Willert & Semans, 2000). Sexual activity can lead to greater self worth and social engagement and can help prevent depression (Watters & Boyd, 2009). It allows individuals to express affection and appreciation (Pangman, 2000). Although some older adults may prefer not to engage in sexual activity, most continue to desire and enjoy sex and intimacy (Langer, 2009).

2. Common Sexuality-Related "Tasks" or Experiences in this Stage

Many older individuals experience feelings of loss in various areas. Significant others, friends, or family may pass away; individuals may lose a degree of physical or mental abilities they once had due to illness; and privacy may be lost as individuals require greater, more frequent assistance from others (Henry & McNab, 2003). Older adults may feel a loss of attractiveness as they age in a society where youth is associated with beauty.

As individuals age, health often begins to deteriorate. Some common illnesses are associated with specific changes that affect sexuality. For example, impotence can result from unmanaged diabetes (Henry & McNab, 2003). Also, joint pain from a diagnosis like rheumatoid arthritis can limit sexual activity, or fear of a heart attack or other problem can cause individuals to refrain from sexual activity unnecessarily. Also, many medications can affect sexual performance, such as antidepressants and medications for high blood pressure (Henry & McNab, 2003).

As a whole, older adults have shown resiliency in their abilities to adjust to losses and changes that come with age (Watters & Boyd, 2009). As they adjust to these changes, new concerns can arise and further education related to sexuality is necessary. For example, some older adults who reenter the dating realm do not see themselves at risk for sexually transmitted diseases and do not think to wear condoms (Watters and Boyd, 2009). Sexual education can help older adults to consider this and similar issues.

3. Understanding of Gender

As individuals enter into older adulthood, understandings of sex and gender can shift. As many elderly become widowed or divorce, dating and new relationships and roles may form later in life. For the formerly married or cohabitating, adopting roles once held by a deceased significant other and navigating the dating world can be especially difficult after many years spent with another person. With differences in death rates among the sexes and the commonality of men entering into relationships with younger significant others (Stancil, 2003), many elderly women have less opportunity to interact and build relationships with men (Henry & McNab, 2003). This could lead to the possibility of women choosing to develop relationships with other women despite previous heterosexual relationships.

Research on sexuality indicates differences among older adult men and women. In 2006, Laumann *et al.* published a cross-national study of subjective sexual wellbeing among older adults. Defining sexual wellbeing as satisfaction emotionally and physically with partnered sexual relationships, satisfaction with sexual health and function, and the importance of sex to life in its

entirety (Laumann et al., 2006), researchers found that women consistently rated overall satisfaction at lower levels than men across cultures. They attributed these differences to gender disparities in cultures, including cultures of seeming or encouraged equality. Although they may self-report lower levels of satisfaction, women are capable of orgasm at any age (Willert & Semans, 2000). Studies on the sexuality of older adults are a relatively new field of research in general, and more research will be useful as the baby boomer generation reaches older age.

Older men, many of whom may hold traditional views, may shy away from seeking help related to sexual problems. In fact, research by Rosen *et al.* in 2004 showed that as many as 50% of men with erectile dysfunction refuse to seek help (Bauer et al., 2007). However, many women may also find it difficult to seek help due to stigma and hesitancy to discuss issues of sexuality. Some older adults may be unaware or lack knowledge of services offered (Huffstetler, 2006).

4. Role of Culture in Shaping Sexual Identity

Cultural expectations and beliefs about sex and beauty can impact older adults' sexuality (Henry & McNab, 2003). Older adults must move past the cultural myths that would indicate that they are too old or too unattractive for sexual activity. Unfortunately for many older adults struggling with sexual dysfunction, some professionals may be less likely to ask about or treat sexual problems due to views that sexual problems are an issue of pleasure rather than an issue of damage to health, like cancer or heart disease (Feldhaus-Dahir, 2009).

Religious institutions are important aspects of culture that can contribute to a greater acceptance of elderly sexuality by recognizing choices other than marriage that exist for older adults who are widowed or divorced (Stancil, 2003). Assumptions of heterosexuality are often made, which excludes many individuals (Bauer, 2007). Assumptions of heterosexuality are also made in medical settings, and older adults who identify as homosexual may have concerns about their rights with sick partners. Gay partners may be denied access to partners if not considered next of kin (Watters & Boyd, 2009).

Although some medications may negatively impact sexual function, new drugs in American culture like Viagra have helped to redefine older adult sexuality (Bauer et al., 2007). Viagra and other similar drugs opened a dialogue and increased awareness for many older adults struggling with sexual dysfunction. However, the commercials that publicize these drugs often feature men as rich and heterosexual, which excludes many older adults (Huffstetler, 2006).

The Internet has provided opportunities for seniors to express themselves sexually. Because of the Internet's easy accessibility, affordability, and anonymity, many older adults have found it to be a useful resource (Adams, 2003). Chat rooms and personal advertisements provide a social connection, and the access to information provided by the Internet enables education, both related to sexuality and not (Adams, 2003).

5. Role of Family in Shaping Sexual Identity

Beliefs in clients' current families and families of origin influence present ideas and concerns related to sexuality (Willert & Semans, 2000). Research has shown that the views of family members and important others contribute to a lack of sexual activity in some seniors (Henry & McNab, 2003). For example, an elderly person's decision to move in with adult children can lead to challenges around freedom of sexual expression, especially if the adult children belief common myths related to sexual or are not open to elderly sexual expression. Many adult children may be uncomfortable with an older parent who dates and freely expresses his or her sexuality.

Many senior adults will fulfill the role of grandparent or adopted grandparent. This can provide older adults with the opportunity to teach and influence younger generations about sexuality. In fact, close relationships with grandparents correlate with positive attitudes towards sexuality among older adults (Hillman & Stricker, 1996). Grandparents or those older adults who foster close relationships

with younger generations can and will have an opportunity to counteract some of the myths related to elderly sexuality.

Many family counselors have not been trained specifically in working with gerontological clients (Willert & Semans, 2000) and may need further education to provide the most effective treatment. Therapists must be aware of their personal beliefs, as their views and opinions surrounding senior sexuality can influence client openness and self efficacy.

6. Possible Counseling Issues (e.g., Individual, Family, and/or Couple)

Residence in an assisted living facility can present challenges related to the maintenance of privacy and dignity for older individuals (Henry & McNab, 2003). Adults in these settings typically live with roommates, which makes sexual activity difficult. To make these relationships possible, a time and plan must often be orchestrated requiring that staff persons and other residents be made aware of the sexual activity.

Seniors who enter counseling and have experienced divorce or death of a spouse after many years together may have many areas of concern related to their new roles. Mourning the loss, dating, and reentering relationships are common struggles influenced by culture, family, and personal beliefs, and each of these challenges may require the assistance of a counselor. For individuals who are divorced or widowed, any level of sexual activity outside of marriage may lead to guilt or shame (Henry & McNab, 2003). Simply dating after a long marriage or partnership can generate shame and guilt if the client's grown children are unsupportive.

For many married or partnered seniors, managing sexuality in the midst of new diagnoses of their own or a partner may be an issue for counseling. Illnesses like Alzheimer's, a stroke, or cancer can impact individuals and their partners physically as well as emotionally, which in turn impacts sexuality. Counseling can also help individuals with illnesses like dementia and Alzheimer's to understand their sexual experiences and discuss decision-making related to sex (Huffstetler, 2006).

Counselors may explore client beliefs about the meaning of sexuality in their lives (Huffstetler, 2006). Because sexuality can be closely tied to self esteem, counselors may want to examine this relationship with clients as well (Bauer et al., 2007). By examining influences on sexuality, past experiences, and current emotions, the client could gain clarity and acceptance of his or her sexuality, thus increasing self esteem. Self esteem, or other issues such as body image or marital discord, may underlie medical issues like impotence, which counseling can help to address (Huffstetler, 2006). For many older adults, coming to terms with important decisions made throughout the lifespan will be an important task for counseling that will also bolster esteem.

7. Additional Guidelines for Counseling Practice

As the population or older adults grows, practitioners will need to develop increased knowledge in order to work more effectively with older clients (Hillman, 2000). Education about sexuality for both practitioners and older adults can help to prevent many problems related to sexuality of older adults by generating dialogue and dispelling myths in an open, nonjudgmental manner (Henry & McNab, 2003).

Certain interventions and techniques may be especially appropriate for counselors working with older adult clients. Normalization surrounding sexuality concerns can help clients to feel sane and heard, particularly for clients receiving negative messages from others (Willert & Semans, 2000). Also, mental health professionals can work to collaborate and include client family, friends, and other supports in treatment (Hillman, 2000). Counselors can further collaborate for assisted living facilities to start Positive Living Groups- support groups for residents to discuss important issues and concerns (Watters & Boyd, 2009).

Counselors can also empower clients to raise sexuality concerns and issues with their doctors. Some doctors do not screen for sexual dysfunction in elderly patients because of personal and cultural beliefs related to elderly sexuality (Feldhaus-Dahir, 2009). Clients can help themselves by bringing up

topics that doctors or other professionals may overlook. The number of older adults with a diagnosis of HIV/AIDS is growing, but sometimes HIV can be misdiagnosed because symptoms can be mistaken for signs of aging (Langer, 2009). Counselors can encourage clients to be up front with their doctors about their sexual activity and whether or not protection was used.

8. What resources (e.g., books, Internet sites, and journal articles) are available to help professionals learn more about this developmental stage?

Various resources can help professionals to build greater knowledge and work more effectively with senior clients.

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- American Association of Retired Persons Sex, Romance, and Relationships Survey: http://www.aarp.org/relationships/love-sex/info-05-2010/srr_09.html
- National Institute on Aging Sexuality in Later Life: http://www.nia.nih.gov/HealthInformation/Publications/sexuality.htm

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