Defining Sex in Therapy: Adapting Sensate Focus to Center Client Definitions of Sex

by

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Abstract

The topic of sex is frequently raised by clients in counselling. Unfortunately, even when using sex therapy interventions such as sensate focus, counsellors seldom provide the opportunity for their clients to define what sex means for them. Literature review of the contextual, cultural, and societal factors that impact client definitions of sex demonstrate the diversity and complexity of factors that shape individual definitions of sex. The author's positioning in the research, ethical considerations, social justice perspectives, and a proposal for application of the findings are included to support counsellors in considering exploration of client definitions of sex. A proposal is made for a novel approach which integrates exploration of client definitions of sex with the sensate focus intervention. This capstone project argues that counsellors can improve inclusivity and non-judgment in their practice when holding space for client definitions of sex.

Keywords: context, culture, definition, diversity, sensate focus, sex, sexuality

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Chapter One: Introduction

Exploring the meaning of sex, as defined by clients, is an opportunity for therapists to demonstrate inclusivity in counselling practice. Exploration of what is sex to an individual allows for greater self-understanding and offers opportunities for insights between sex partners. Understanding differences in what sex means to each other may allow increased empathy, and work towards solving sexual problems or creating a fulfilling sex life in relationships. To do this, we need to understand variability in definitions of sex. Qualitative and quantitative studies ascertain a baseline understanding of how definitions of sex may differentiate across groups and individuals, influence sexual satisfaction, and highlight areas for future research, making a compelling case for individualized definitions of sex to be navigated through counselling. This chapter will explore the significance and context of the research question, outline theoretical frameworks and contributions, delineate this author's positionality in relation to the work, comment on the research methodology and finally define key terms. Holding space for individual definitions of sex contributes to non-judgmental spaces for clients, and increased self-awareness for counsellors.

Purpose Statement

This capstone fulfills the purpose of opening a conversation about the exploration of definitions of sex in counselling, supported by a theoretical framework. Chapter one addresses what is known about the impact of these questions in the field of psychotherapy and explores significant considerations when engaging with research on this topic. Building upon this foundation, Chapter two delves into the variations in definitions of sex and the factors that shape these variations, while highlighting the relevance of sensate focus interventions. Finally, chapter three provides one possible application of holding space for definitions of sex in clinical approaches through an adaptation of the sensate focus intervention. Through the adaptation of sensate focus, chapter three offers guidance and strategies for therapists to facilitate meaningful discussions with clients around sex and sexual expression. By examining these

interrelated aspects, this paper aims to contribute to a deeper understanding of the complexities surrounding definitions of sex and their implications for client well-being.

Research Question: Significance and Context

Do individuals have different definitions of sex, and if so, what informs definitions of sex? When engaging in relationship therapy, another aspect of this research question is “What effect would it have to broaden or narrow definitions of sex?”. This question may be read to imply that people in relationships have not openly talked about their definitions of sex. However, this could also apply to sex partners who have agreed on their definition of sex and would like to revisit or change their definition. Definitions of sex are explored through the contexts and multicultural factors that contribute to how sex is defined by people. I argue, after analyzing the available research, that the definition of sex is not an absolute truth, instead it fluctuates depending on individual and intercultural factors.

The impacted population of this question includes anyone, in the past present or future, who has had, is having, or would like to engage in sexual activity. As this research is specific to definitions in the English language, the population of this work is English speaking. Researching publications in other languages would be an opportunity for future research. Sex may be defined differently in other languages and dialects which are beyond the scope of this paper. This does not exclude potential future directions of studying the effects of definitions of sex amongst other spoken language groups.

Theoretical Framework

From the theoretical framework of positive psychology, our clients’ absence of problems does not equate to a flourishing sex life (Burke & Stephens, 2017). This is demonstrated in the present research approach to seek the ways in which sexual satisfaction can be influenced, instead of framing it as an avoidance of sexual problems. Also informed by feminist theory described by Prochaska and Norcross (2018), equitable sex therapy practice involves decentralizing the male experience. I would argue that feminist theory goes beyond this to

provide conditions where clients are the authors of their own sexuality. The present research demonstrates perspectives beyond the straight white male experience, however further research with marginalized and diverse populations are required. Relationship research in counselling also raises attachment theory. Muise et al. (2018) suggest that attachment theory is a useful framework for understanding bidirectional influences on sexual satisfaction between sex partners. While attachment theory, feminist theory and positive psychology inform the context of this capstone project, the following work would not be possible without orienting through multicultural counselling and queer theory.

Queer theory is essential to breaking down the normative narratives that restrict our ideas about sex. By describing problematic narratives of sex, Rowland and Cornell (2021) assert that “Queer theory urges us to problematize the assumption that these beliefs are truths and an immutable part of the natural order of things; it asks us to interrogate the ideologies that lurk in the hidden depths of our everyday discourse.” (p. 24). This sentiment gets at the heart of this capstone project, that making assumptions about sex is problematic and requires therapists to interrogate their own internal relationship to sex and sexuality. Queer sex, and queerness more broadly, has something to teach us all; that our sex lives are free from the constraints of dominant narratives. I agree with Rowland and Cornell (2021) that many have internalized a belief of what is natural sex and what is not, and these beliefs are socially constructed rather than scientific. I would take this point one step further to state that clients who live under these oppressive beliefs are held back from a thriving sex life. Shifting who holds the definition from an ambiguous socially constructed idea to the client themself empowers ownership of one’s own sexual expression. Through queer theory’s lesson of breaking free from what normal and natural sex is, we are supporting sexual empowerment.

Multicultural counselling theories inform the presentation of research for this capstone project. Prochaska and Norcross (2018) emphasize the work multicultural counselling has done in centering social liberation. It is through this work that I hope to create not only clinical

applications but bring forward a variety of perspectives about defining sex and move the reader towards self-reflection expanding their own perspective of how sex can be defined. To me, these kinds of tiny steps are what move us towards social liberation. Multicultural counselling also paradoxically understands that no one approach will fit all cultures, that treatments should be applicable across cultures, and that treatments should be adapted to clients' cultural contexts (Prochaska & Norcross, 2018). These dynamics of multicultural psychotherapy practice are demonstrated by therapists supporting clients in seeing how dominant cultures have influenced their own beliefs (Prochaska & Norcross, 2018). This purpose of exploring the client's internal world as influenced by sociocultural factors informs this capstone approach. The following chapters provide examples for exploring the ways culture and context influence individual definitions of sex, and then illustrate how this may be done with clients by adapting the sensate focus intervention. In these ways, multicultural counselling is fundamental to exploring definitions of sex with clients.

In line with Ratts and Greenleaf's (2018) counsellor-advocate-scholar model, engaging in advocacy exists outside of the therapy room. This concept affects not only the wide range of sources highlighted in this capstone, but also the dual purpose of my topic. The two simultaneous aims of this topic are to provide concrete ways for this topic to be explored in the counselling relationship for the benefit of the client, and also for the reader to engage in self-reflection to increase their own understanding of what sex means to them through engaging with this work. The self-reflection purpose is essential because it pulls this work out of strictly office-based applications into the minds and lives of the reader. This capstone project is itself intended to be a form of advocacy.

Contribution to the Field

Defining sex in therapy is an area that requires further research. While the effect of holding space for diverse sexual definitions is not yet known, research demonstrates

connections between increased communication about sex and sexual satisfaction. The following studies highlight the ways greater sexual understanding may impact sexual satisfaction.

In a meta-analysis of forty-eight studies, Mallory et al. (2019) found that couples who communicated more often about sex had increased levels of sexual satisfaction. Furthermore, they found that sexual communication had physical benefits including reduced levels of pain related to sex, increased erections, and higher rates of orgasm (Mallory et al., 2019). These positive correlations demonstrate the possible effects of increased communication about sex. Communication about how sex is defined and understood for each member of a couple or partnership may fall under the greater umbrella of sexual communication that we see demonstrated in this study.

Muise et al. (2018) identified sexual communal strength as a motivational factor that predicted high sexual satisfaction in both partners. Sexual communal strength in this study was identified by instances where one partner wanted to fulfill the sexual desires of the other partner even if their own level of sexual desire was low. These instances required one partner to know the sexual expectations of the other partner in order to act on those preferences. This may indicate that knowledge about our partner's sexual expectations can foster sexual satisfaction. More research is required to draw conclusions from these findings.

Peterson and Muehlenhard (2007) studied the process with which American undergraduate students differentiate sex acts from non-sex acts. They concluded that the decision of whether or not to label something as sex was informed by two factors: the match between the action and the individual's definition of sex, and the consequences of labeling the action as sex. This study was able to lay the foundation for understanding how definitions of sex are formed. Additionally, they found that twenty-two percent of the men and sixteen percent of women identified acts in which they were unsure whether or not it was sex. This suggests that not only are definitions of sex varied across individuals, but they may also be situationally dependent.

Some of the challenges in researching definitions of sex include avoidance of the word “sex”. Research and individuals alike may feel uncomfortable with the topic of sex, and opt for words such as “intimacy”, “intercourse” and “passion”. These alternative words may sometimes but not always refer to sex. For example, researchers Carswell and Impett (2021) find that passion can at times be used to speak about sex but can also cover many non-sexual emotions and situations. Carswell and Impett (2021) determine that intimacy did not show a correlation with romantic passion in their study. They also found that levels of sexual intimacy correlated with sexual desire, which impacted romantic passion. Therefore, levels of intimacy may or may not have a relationship with levels of passion. This exploration demonstrates the complexity and confusion that can surface amongst ambiguous and variable definitions. Carswell and Impett (2021) argue that future directions in defining passion should embrace an integrative model, meaning there are multiple ways to explore the meaning of passion. Understanding the definition of sex may also require defining sex-adjacent language.

The current research about sexual satisfaction, communication, and individual definitions of sex suggests that more research is required to understand the ways these factors influence one another. The potential outcomes from this research include increased understanding of ones’ self, increased communication in relationships, impacts for sexual desire, intimacy and sexual challenges. Furthermore, our understanding of the nuances of language and definition formation may increase. While this topic is applicable to sex therapy, improving inclusivity in topics of sex and sexuality is relevant in all forms of psychotherapy and counselling. Further research in the field of individual definitions of sex, such as what is highlighted by this capstone project, is necessary to better understand the relationship between a variety of correlated factors.

Positionality Statement

Presenting this capstone project is intrinsically linked to my own multicultural identity. The facets which make up my identity have influenced this work in significant and meaningful

ways. Firstly, it is essential that I address the position of privilege I hold by sharing this work. This capstone is a reflection of my ability to access master's level education in Canada on unceded territory. My previous Canadian Bachelor of Arts education, my middle-class socio-economic status, my family, English as my native language, my white settler identity, and my nationality as a Canadian have all contributed to my ability to access this program. I recognize that these facets of my lived experience show up from subtle to overwhelming ways that influence the way I experience the world. I see it as part of my own ethical responsibility to reflect upon my position of privilege and recognize how this shapes my underlying biases. I will forever be grateful for my supportive cohort at City University who, in the kindest way, have supported me on my journey of checking my biases and holding them in plain sight even when it is painful to do so. I recognize that the journey of recognizing privilege is one that is never-ending and will continue to be reflected upon in my counselling work.

As noted above, queerness has played a large role in this capstone project. My experience as a queer person who identifies as a part of the 2SLGBTQIA+ community shaped the concept for this paper. I have previously written about the struggle that bisexual people face in often being viewed as not gay enough or not straight enough and being forced to come out over and over again due to people's incorrect assumptions about their sexuality. This concept is illustrated by the topic of bisexual erasure, which I would encourage readers to pursue. My own experience of bisexual erasure moving from a heterosexual relationship to a same-gender relationship highlighted for me the disparity in expectations around sex that exist between straight and queer communities. While the sex was different in both relationships, the bigger difference existed in the assumptions that were made about sex in both contexts. I was shocked by the rigidity of what sex was supposed to look like for some heterosexual couples, and how open, communicative, and supportive it was to determine what queer sex could be. The stark difference in approaches to sex made me ask questions. What leads people to enact a restricted sex life? How are some people free from the dominant narrative about sex, while

others seem to live their whole lives eating vanilla ice cream, never to try pistachio? It is through my experience of being seen as straight and then seen as gay that I experienced drastic differences in expectations around sex and sexuality, which led me to question the contextual factors that shape people's definition of what sex means to them.

In recognizing my positionality in this writing, I would like to acknowledge my lack of expertise regarding all topics covered. While I hope to develop my counselling skills through this work, I would like to clarify that I am in no way an expert on topics of diversity, sex, sexuality, or sensate focus interventions. I have done my best to provide accurate, reputable sources communicated clearly and precisely to serve the counselling community. Although this was my intention, I recognize that there is potential for harm in presenting this research. Topics of sex and sexuality can be sensitive and triggering for people, so I ask that the reader takes care of themself while engaging with this text. I also contribute this work to the counselling community as a white European settler, a group whose voices in psychotherapy have been overrepresented throughout history. I have attempted to highlight diverse voices through this body of research, and also recognize that there is more to be done in creating safe spaces for all voices to be heard in the field of counselling. I faced a significant struggle in exploring the concept of diversity through this capstone. Primarily because the scope of this paper was not great enough to encompass a thorough and in-depth look into the cultural groups featured in chapter two. I decided after reflecting upon my ethical orientation, that featuring perspectives of how culture impacts sex was better than avoidance from fear of not doing enough. I encourage the reader to use this capstone project as a jumping-off point to dive deeper into the cultural spheres that are of most interest to them. As noted at the start of this work, I am deeply grateful for my community and academic supporters for assisting me in navigating my position in this project.

Research Variables

Correlational variables of interest within the scope of this project include definitions of sex and contextual factors. To gain an understanding of these variables within the scope of the currently available peer-reviewed literature, it is necessary to consider adjacent variables such as measuring relationship satisfaction, sexual satisfaction, or defining words that may be proxies for talking about sex. Some examples include the aforementioned definitions of intimacy and passion. As these variables do not share an operational definition, the breadth and depth of these variables' changes depending on the study. That is why it is essential for this literature review to serve as an exploration of a potential relationship between variables, and a suggestion for future research, as opposed to drawing finite conclusions.

Capstone Methodology

This research methodology consists of a review of available literature and an adaptation of the sensate focus intervention as informed by the research topic. Literature reviews allow researchers to collect, learn from, critique, and make recommendations for future research based on available research in the field. It is my intention to share perspectives that counsellors may apply to their sessions, and to their own self-reflection. Some clinical applications of this work may include psychoeducation and evidence-based practice. It is important to note that the research presented here is not exhaustive, and that researchers and practitioners may choose to engage in ongoing learning in these areas; especially when applying this research to psychotherapy practice. Not all research databases were available for review at the time of writing, and therefore I recognize that there is potential for missed information in this work. I invite the reader to contact this author if they wish to collaborate on remediation of any identified failings of this project. Collaboration and conversation are at the heart of this topic and therefore seems appropriate to allow this capstone to be the start rather than the end of a discussion about the topic.

Data Collection Procedure

The data was collected from multiple online databases as follows. The City University Online Library and Google Scholar, with sub searches from Psych Info, Sage Journals and T and F Online. The following search terms were entered: Sex Definition, sex definition romantic, sexual definition, orgasm definition, orgasm satisfaction, sex satisfaction, sex counselling, sex counseling, sexual satisfaction definition, orgasm, phallocentric, sexual activity. Sensate focus research was done through online databases, and primarily referenced from the original 1970 Masters and Johnson text as borrowed from the Vancouver Public Library. As far as identified in the present search, no studies have yet been done that evaluate whether there is a relationship between the definition of sex and multicultural contextual factors. One study was found to analyze both the definition of sex and sexual satisfaction. Seven journal articles studied definitions of sex amongst participants. The most prominent literature on this topic studied sexual satisfaction for specific populations as defined by the researchers. Studies were excluded if the population studied minors. Studies were also excluded if the population was not English-speaking. This may be an area for culturally informed future research. Further search terms were included to find studies that featured the ways sex is influenced by different sexuality, gender, religious, and cultural groups more broadly. The lack of specific research in this area presents a significant opportunity for future directions. Through careful decision-making, I continued with this topic due to the potential impact for the field of psychotherapy despite the lack of available research.

Method of Analysis

Research has been analyzed by comparing the topic of sex and the influence of contextual and cultural factors. I have drawn limited conclusions from the available research due to the gap in the literature on this subject. Reasons for the gap in the literature are discussed in the section on “Limitations”. The findings from the literature review may serve as a springboard for helpful conversations about defining sex for counsellors to share with clients, and to initiate

their own self-reflections about what sex means to them. Due to the individualized nature of definitions of sex, the use of question prompts (as featured in Appendix B) may increase communication about sex and possibly have a positive effect on sexual satisfaction. My opinion of ethical sex therapy, as informed by scholarly exploration of these variables, involves affording clients of all genders and sexualities an opportunity to define sex for themselves, free from judgment based on the counsellor's preconceived framework.

Definition of Terms

This capstone project centers around insufficiency of single definitions to convey meaning in all contexts. This is why inclusion of a definition of terms section presents a challenge. Please note that the following definitions of terms are intended to support the reader's understanding of this project while encouraging further nuanced exploration of these concepts.

BIPOC

Black and Indigenous People of Colour; acronym for people identifying as impacted by historical and contemporary racism[1] (Lee & Boykins, 2022).

Culture

"A system of people, places, and practices, for a purpose such as enacting, justifying, or resisting power. People refers to population dynamics, social relations, and culture in groups. Places refers to ecological dynamics, institutional influences, and culture in contexts. Practices refers to participatory dynamics, community engagement, and culture in action. Power refers to forcing others into compliance (power-over people), controlling access to spaces (power in places), and behaving as desired (power-to practice)" (Causadias, 2020, pp. 310).

Definition

[1] For further exploration of BIPOC, mental health and counselling see Lee and Boykins' 2022 article Racism as a mental health challenge: An antiracist counselling perspective.

"A statement of the meaning of a word or word group or a sign or symbol" (Merriam-Webster, n.d.-b)

Diversity

"A range of many people or things that are very different from each other" (Oxford Advanced Learner's Dictionary, n.d.-a.)

Dominant Narrative

"A dominant narrative is an explanation or story that is told in service of the dominant social group's interests and ideologies. It usually achieves dominance through repetition, the apparent authority of the speaker (often accorded to speakers who represent the dominant social groups), and the silencing of alternative accounts." (Pabdoo & Universtiy of Michigan, para. 1)

Gender

"Gender refers to the characteristics of women, men, girls and boys that are socially constructed. This includes norms, behaviours and roles associated with being a woman, man, girl or boy, as well as relationships with each other. As a social construct, gender varies from society to society and can change over time." (World Health Organization, 2019, para. 1)

Psychotherapeutic Intervention

"Non-judgemental, insight-orientated approach with a strong focus on the therapeutic alliance and dynamic relational processes with therapists or group members." (Macdonald, et al., 2016, para. 24)

Queer

"Having or relating to a gender identity or a sexuality that does not fit society's traditional ideas about gender or sexuality" (Cambridge Dictionary, n.d.-b.)

Religion

"Human beings' relation to that which they regard as holy, sacred, absolute, spiritual, divine, or worthy of especial reverence" (Britannica, 2023).

Sexuality

"The feelings and activities connected with a person's sexual desires" (Oxford Advanced Learner's Dictionary, n.d.-b.)

Sexual Orientation

"An inherent or immutable enduring emotional, romantic or sexual attraction to other people" (Human Rights Campaign, n.d., para. 2)

Spirituality

"A sense of connection to something bigger than ourselves, and it typically involves a search for meaning in life" (University of Minnesota, n.d., para. 1)

2SLGBTQIA+

"2SLGBTQIA+ is an acronym that stands for Two-Spirit, Lesbian, Gay, Bisexual, Transgender, Queer or Questioning, Intersex, Asexual, and additional sexual orientations and gender identities." (YMCA Canada, 2021, para. 2).[2]

This chapter has outlined the purpose of furthering the research and clinical application of exploring client's definitions of sex. Holding space for client definitions of sex, according to available research, not only suggests a potential increase in sexual satisfaction, but it also demonstrates the application of queer theory in refuting harmful normative assumptions based on gender roles. Multicultural counselling also lays the foundation for further exploration of the factors that influence individual definitions of sex. These frameworks, in conjunction with self-positioning, research methodology and defining key terms create space to understand the context of this work as client definitions of sex are explored. The dual purpose of creating clinical application and space for the reader's own self-reflection continue in the literature review of chapter two. Chapter two presents a literature review exploring the variety of definitions of

[2] For an interactive exploration of each part of the acronym, please visit https://www.queerevents.ca/hubs/queer-101

sex, as well as the sensate focus intervention. Building upon the research of chapter two, chapter three concludes this capstone by discussing the research and proposing a novel adaptation of sensate focus which integrates exploration of client definitions of sex in therapy. Effective clinical application of investigating client definitions of sex, as articulated in this chapter, requires a foundation of empirical research.

Chapter 2: Literature Review

Research suggests great diversity in how people define ‘having sex’ across gender, age and culture (McBride, 2017). Sexual definition research to date is primarily conducted with white undergraduate students (Gute et al., 2008; Pitts, 2001; Sewell & Strassberg, 2015). This paper argues that individual experiences and contextual factors outside of convenience samples shape the meaning of sex, requiring practitioners to broaden their definitions of sex to better support their clients. First, I will present differences for how sex may be defined from dictionary, legal, and therapeutic perspectives. Next, I will review how the dominant narrative of defining sex lacks representation of the diversity of human experiences including sexuality, cultural and religious groups. Finally, I introduce the therapeutic intervention of sensate focus for proposing integration with client definitions of sex in chapter three. Ethical practice of psychotherapy requires counsellors to approach the topic of sex having identified their own biases about what sex means to them, and critically reflect on how their understanding of sex impacts their work with clients. Through expansion of the definition of sex to include diverse and nuanced perspectives, mental health practitioners can reduce the risk of harm and increase non-judgemental awareness of their clients’ experiences.

Dictionary Definitions of Sex

Within the English language, there is great variation in the way sex is defined. When analyzing definitions from several popular online dictionaries, some similarities and differences may be observed. Definitions of sex from the *Oxford English Dictionary*, *Cambridge English Dictionary* and *Encyclopedia Britannica* described sex as an activity: a “sexual activity” (Oxford English Dictionary, n.d.) or “physical activity” (Cambridge, n.d.-b; Britannica Dictionary, n.d.). Merriam-Webster described sex as a behaviour (Merriam-Webster, n.d.-c). This can be contrasted with Dictionary.com’s definition of sex as an “instinct or attraction” (Dictionary.com, n.d.). While these differences may seem negligible, as sex is a concept with many interpretations, it is important to recognize the variability even at a dictionary level. Sex as an

instinct may imply something is wrong if a person does not experience this instinct, whereas sex as a behaviour may reduce sex to merely an action. Many definitions also included the connection to “sexual intercourse”. The most descriptive definition came from the Oxford English Dictionary (n.d.): “people touch each other's bodies, kiss each other, etc.: physical activity that is related to and often includes sexual intercourse”.

Table 1 compares definitions of sex and sexual intercourse. Secondary definitions were included when available. Out of the five definition sources, only one definition was based in reproductive biology. This definition mentions the process of thrusting to deposit spermatozoa in the vagina. If sex is defined as sexual intercourse, and sexual intercourse involves depositing sperm into the vagina, it would not be sex if sperm were ejaculated elsewhere or not at all. This definition mentions the blood circulation in the penis and fails to provide details for what happens in female sex organs, or account for sex when sperm or ejaculation may not be present. This definition is rooted in the experience of people with male genitals, which is an example of phallocentrism which will be expanded upon in a later section of this paper. Four of the five definitions involved mentioning the genitals and their involvement in intercourse. *Encyclopedia Britannica* provided an inclusive, non-biological definition “sexual activity between two people” followed by emphasizing “especially: sexual activity in which a man puts his penis into the vagina of a woman” (Britannica Dictionary, n.d.). The connection of gendered language to sexual organs seems unnecessary in this definition. I question whether it would be less likely to be sex if a woman with a penis inserted her penis into a vagina. Or if sexual activity occurred without PIV (penis in vagina) insertion. These contrast with the Cambridge definition of sex that avoids reducing sex to biological or physical characteristics and provides enough information to differentiate sex from not-sex as: “physical activity between people involving the sexual organs”. While inclusive, a very wide range of experiences may fall under this definition, leaving room for individual and cultural variation in what is considered sex.

Defining Contexts

Defining Sex in Canadian Law

Defining sex is also important within legal settings. In item 2.b.i of the Canadian Divorce Act, one of the conditions with which a person may be granted a divorce in under a year of living apart from their spouse is if their spouse committed adultery (Legislative Services Branch, 2021). As defined by the Merriam-Webster dictionary, adultery refers to “voluntary sexual intercourse between a married person and someone other than that person's current spouse or partner” (Merriam-Webster, n.d.-a). As such, defining sexual intercourse has legal implications. If having sex and sexual intercourse are different for individuals, there is a likelihood of legal conflict surrounding diversity of sex definitions. Previous editions of *The Divorce Act*, such as 1968, included attempts to allow men to divorce their lesbian wives (Pearlston, 2017). At the time, the divorce act allowed petitions for divorce from spouses whose partner had “engaged in a homosexual act” (The Divorce Act of 1968, as cited in Pearlston, 2017, p. 37). This language was vague to allow for multiple interpretations of what sex could mean in this context as homosexual sex was not previously labeled intercourse. Coming back to today, definitions of sex may also be important to consider in the contexts of legal terminology. Terms like ‘sexual services’, ‘sexual activity’ and ‘sexual harassment’ appear in legal documents such as consent law (Government of Canada Department of Justice, 2023a), federal labour standards (Service Canada, 2023) and Bill C-36 in Canadian federal law (Government of Canada Department of Justice, 2023b). As demonstrated above, sexual terminology may be defined in a variety of ways. Using these terms without operational definitions in legal publications risks ambiguity for who and what is being protected. Acknowledging diversity of sexual experiences that fall under legal terms such as ‘sexual activity’ allows for the pursuit of truth through contextual clues. Similarly, contextual clues and follow-up questions are required for understanding meaning when these terms are used in therapy by the therapist or by the client. Definitions of sex are essential in legal contexts through laws and terminology in ways that affect individuals, relationships, and communities.

Complexity in Definitions

As demonstrated above, definitions of sex are diverse. Even amongst dictionary and legal definitions, we can observe biological definitions based on physical characteristics, behavioural definitions based on specific actions, definitions that specify that sex is between a man and a woman, others that specify that sex is between two people, and others that allow flexibility for gender diversity, sexuality diversity, and sex between more than two people. It is important to note that due to my intention to explore all definitions of sex, I will not be limiting language to the gender binary in this paper. Nor will I limit sex and romantic relationships to between only two people. Inclusivity of people with polyamorous and/or non-monogamous sexual lives is essential to represent the sex lives of Canadians. Using data from 2017, a study by Fairbrother et al. (2019) found that twelve percent of Canadians consider a form of open relationship as ideal, and that four percent of respondents in relationships were practicing consensual non-monogamy (CNM). While the CNM acronym is an accurate representation for some people, it is important to acknowledge that this label may be harmful to others, in part due to the implication that the standard of non-monogamy is non-consensual. Other labels for non-monogamous relationships include polyamory, ethical non-monogamy (ENM), monogamish relationships, and open relationships depending on personal preference and the relationship dynamic.

Sex is frequently understood as more than the action that takes place. In an interview, clinical counsellor and writer Dr. Esther Perel states “sex isn't something you do, sex is a place you go” (Green Trip, 2019, para. 12). Perel may be suggesting that going to the sex place is more of a change in state of mind rather than a change in behaviour. This might be why the same behaviour, like a shoulder rub or hair pulling, can feel like sex in one instance and not feel like sex in another instance. Understanding sex outside of behaviour allows for the consideration of sex in context, one of the key takeaways highlighted by Dr. Emily Nagoski (2019) in the book *Come as You Are*. Context may be the external factor that influences both how individuals define sex, and whether or not an action is attributed as sex. Sexual attribution

studies will be described later in this chapter. The philosophy of what sex means may also change depending on whether sex is finite or infinite. When sex is defined separately from the biological markers of orgasm, sex may be defined as infinite, or not limited by biological or chronological constraints. It is important to note that even for individuals who use orgasm to define sex, many people who experience clitoral orgasm have the capacity for multiple orgasms (Gérard et al., 2021). Perspectives such as Perel's "place" theory of sex, Nagoski's (2019) contextual model and consideration of sex as infinite are theories proposed by women to more accurately represent sex beyond the penis.

Phallocentrism and the Orgasm Gap

Sex in media, sex education and talking about sex has historically been a phallocentric conversation. Phallocentrism is the prioritization and centralization of the phallus, or a cisgender man's penis. Libbon (2007) explains how ancient Greek societies believed the male sex characteristics to be a superior form of the less developed female sex characteristics, thus giving privilege and priority to the penis. This is an essential perspective to understand for connecting the dots around where we are in today's socially constructed definitions of sex. Some may argue that phallocentrism is the default when talking about sex[3]. Sex education is often condom-based, focusing on the role of the penis, and positioning the vulva and vagina as passive, explaining sex as penetrative and heterosexual (Strom et al., 2019). The penis is viewed as the site of sexual intercourse, whereas the vulva, clitoris and vagina are often referenced for their reproductive and not sexual qualities. The phallocentric narrative is harmful for all people as it does not leave room for sex to be explored with pleasure as a focus. This will be explored further in chapter three. Phallocentrism positions the phallus as the site of pleasure

[3] Some examples I have witnessed that illustrate this concept include using terms such as 'he finished' to refer to the end of the sex act, 'sexually inept' referring to someone whose penis does not become erect or ejaculate, and sexual health classes demonstrating how to use protection on the penis and not the vagina.

and categorizes female-bodied individuals under “good girl” or “bad girl” labels. “Bad girls” can take pleasure from sex, demonstrating sexual agency, but are dehumanized. Hensman Kettrey (2018) explains how this “bad girl” image has been leveraged to excuse sexual assault. “Good girls” are innocent. They do not demonstrate sexual agency (Delgado-Infante & Ofreneo, 2014), and do not “acknowledge themselves as sexual subjects” (Hensman Kettrey, 2018, p. 701). Similar to the “good girl” “bad girl” paradigm, reducing women to being subservient to the male fantasy is the foundation of current topics in literature around the ‘orgasm gap’.

The orgasm gap refers to the lower rate at which women orgasm as compared to men (Frederick et al., 2018; Lentz & Yuliana, 2021). This pattern may be disrupted in same-sex, queer and 2SLGBTQIA+ couples who are forced to understand sexual activity in another way than penis-in-vagina (PIV) sex. However, in their study of over fifty-four thousand Americans, Frederick et al. noticed the orgasm gap was present across all participants regardless of sexuality (2018). While heterosexual men and women had the greatest disparity in their likelihood to orgasm during sex, gay and bisexual men were still more likely to orgasm than lesbian or bisexual women (Frederick et al., 2018). Both Frederick et al. (2018) and Lentz and Yuliana (2021) turn to sociocultural explanations for the orgasm gap. Lentz and Yuliana’s research revealed that the only variable predictive of orgasm frequency and sexual satisfaction was sexual assertiveness (2021). Addressing the orgasm gap permits exploration of each person’s needs and desires, free from the phallocentric default narrative.

Phallocentrism and the orgasm gap indicate a dominant narrative for how sex is defined. Sex defined as PIV intercourse culminating in male orgasm, as stated by Rosenthal and Dehle (2022), is a narrow definition. By synthesizing sex and relationship therapeutic approaches, Rosenthal and Dehle (2022) describe an opportunity to push the boundaries of such rigid sexual standards. Therapists may intentionally explore definitions beyond PIV with clients seeking both relationship and sex therapy. This may take the form of psychoeducation with clients to normalize diversity of sex and sexual expression, even within relationships. Rosenthal and

Dehle (2022) explain that normal and healthy sexual lives can include non-monogamy, kink, casual sex, frequent or infrequent sex, and various forms of satisfaction and pleasure. Naming these common dynamics may provide validation for people who experience shame and isolation coming from not fitting within the narrow sexual standard.

Gender

Gender differences in research are often studied without inclusion of trans and gender diverse experiences. The following research features binary gender studies, and research outside of the gender binary is to follow. Research comparing cisgender women and cisgender men is included here due to the limited research available, and for understanding gender-based violence and social factors that influence sex in cisgender populations. McBride et al. (2017) illustrate the relationship between gender and definitions of sex. They found that men were more likely than women to label oral-anal behaviours and manual-anal behaviours as sex. Beyond physical actions, gender may mitigate labelling sex depending on intent and motivation. One example from their research is non-consensual sexual behaviours. They explain how women are less likely to label such behaviours as sex due to lack of agency (McBride et al.). These social mitigating factors shed light on the multiple ways that sex can be defined beyond purely behavioural definitions. Another important factor from their research is the sexual double standard. McBride et al. list slut shaming and technical virginity as part of what may impact what is considered sex for women. In another study, Peterson and Muehlenhard (2007) name unwanted virginity loss and feeling bad about themselves as factors that influence women's choice of whether to label something as sex or not. In their study, women were much more likely to identify negative outcomes for attributing an interaction as 'having sex', with two thirds of women foreseeing negative outcomes compared to one third of men (Peterson & Muehlenhard). These studies are significant because they identify the role of gender difference that can impact how sex is identified for an individual. They are also indicative of gender-based violence and expectations that play a role, such as the impact of non-consensual sex on women's

attributions, and behaviour attempts to avoid negative outcomes. Gender, and the societal constructs wrapped up in gender, are essential to consider when analyzing how sex is defined which includes a necessity for gender-inclusive future research.

Cross-Cultural Context

Davis et al. (2020) write about the shift into the modern day technological age as an opportunity, never before have people "had more potential for connection with others from different cultures and communities" than society today (p. 3). Davis et al. follows with a reminder of the challenge to hold cultural humility alongside our changing world, and in the face of what we care about most. As summarized in chapter one, my intention is to present information that may assist mental health professionals in understanding the range of ways people have sex. To begin to cover this topic, I have presented research from different sexuality, cultural, and religious groups to feature diversity in experience. A single paragraph for each perspective in no way can cover the depth and diversity experienced even within the very same group. Furthermore, from my cisgender, white, settler lens, I acknowledge that this information being delivered through my writing is already replicating a pattern that has caused harm in history. I request of the reader that you critique and compare your own experiences to the perspectives that follow and use this digital space as an exploration of what fits for you and what may fit for others.

2SLGBTQIA+

As noted in the introduction, my own experience of queerness inspired this topic. Going from a straight relationship to a queer relationship highlighted for me the detrimental assumptions about sex that can be made in heterosexual contexts. While more research is required on this topic, it is evident that gay and straight sexual scripts can be very different from one another. Heterosexual scripts may put pressure on women to perform well at oral sex, but maintain some secrecy around how their oral sex skills were acquired as found in a 2014 study by Sakaluk et al. This contrasts with research by Hoppe (2011) illustrating how oral sex for

some gay men is tied to the narrative of ‘bottoming’. Queer sexuality demonstrates how some sexual behaviours may hold different meanings across a variety of relationship types and contexts, which have the potential to expand upon understanding what sex represents for individual clients. The following paragraphs will explore how sex is interpreted in some 2SLGBTQIA+ communities. These perspectives in no way attempt to explain what sex is for the entirety of the 2SLGBTQIA+ community. They are intended to be a snapshot of what more there is to learn when multiple perspectives are featured.

Sexuality

There are many sexual interactions where penis in vagina (PIV) sex is not an option. Sex can be as fulfilling, or even more fulfilling, for partners who share physical characteristics like two vulvas or two penises. Despite politicization of our sex lives, sex between people of all genders is natural and healthy. In his publication *Animals Do It*, Bagemihl (2001) explains homosexual sex “has both biological (natural) and social or cultural (historical) dimensions that are interconnected and inseparable” (p. 36). It is important to approach what may be categorized as “diverse” or “abnormal” sexual experiences as natural and normal in the greater context of human behaviour to avoid stigmatization. Sex for people who identify as gay, bisexual, lesbian and pansexual, even for heterosexual people, may or may not include penetration. The queer community is particularly adept at having conversations about consent, and monitoring consent throughout sexual interactions (Bauer, 2021; Beres, 2022). This is not only to be respectful of each other but also to determine sexual compatibility. This is largely overlooked in straight partnerships where the kind of sex that will be had is assumed to be penetrative intercourse. Research demonstrates that there are psychosocial and pleasure-based reasons why people have sex, which can be better understood by researching lesbians (Wood et al., 2014). University of British Columbia researcher Basson (2000) explains that women’s motivation for sex includes but is not limited to “emotional closeness, bonding, love, affection, acceptance, tolerance and closeness” as demonstrated in the updated women’s

sexual response cycle model (p. 53). Wood et al. (2014) apply Basson's (2000) model in researching lesbian, bisexual and queer women by allowing participants to write their own definition of sex. Participants primarily included "masturbation, fingering, oral sex, strap-on sex, and anal sex" in their definitions (Wood et al., 2014. p. 77). Homosexual sex also has a political history. Lesbian sex was often raised in Canadian courts after the divorce act of 1968 as a way for husbands to divorce their lesbian wives, while gay sex was primarily addressed through criminal law (Pearlston, 2017). Political and societal pressures have long been attempting to infiltrate the bedrooms of homosexual couples, where sex has and will continue to remain a form of expression free from heterosexual standards.

Trans and Non-Binary Populations

Sex is also diverse with trans, gender non-conforming (GNC) and non-binary sex lives. Trans in this paper follows the definition from Trans Care BC's "Terms & Concepts" webpage which states that trans is used "as an umbrella term, to describe a wide range of people whose gender identity or gender expression differ from their assigned sex or the societal and cultural expectations of their assigned sex" (PHSA, 2023, para. 10). Trans is used here in an attempt to be inclusive to a variety of gender expressions, while recognizing not all varieties of gender expression are represented by the term trans. People who are trans, as well as their partners, explore what sex means for them without necessarily adopting assumptions from the dominant cisgender narrative. Trans individuals who require gender-affirming care often engage in sexual activity (Hall & Binik, 2020). Consider the way gender roles show up in sex. According to Lindley et al. (2021), the fixation in existing research that studies penetrative sex has led to a significant lack of understanding transmasculine and non-binary sexual satisfaction. Sexual satisfaction with all people, including trans and gender diverse folx, may be influenced by gender-related contextual factors such as gender expression, gender dysphoria, gender euphoria, or alternatively gender may not significantly affect an individual's experience of sex (Lindley et al., 2021). Sexual function can also be impacted for people who elect to have gender affirming

medical care. Treatment effects and posttreatment factors are named by Hall and Binik (2020) as mitigating factors on sexual experiences that counsellors should, at the very least, approach with awareness and curiosity with clients. Pulice-Farrow et al. (2020) describe another mitigating factor in their research– the impact of microaggressions. Their analysis revealed: 1) identity parsing, 2) binary assumptions, and 3) transition-dependent microaggression themes that may appear within the context of romantic relationships (Pulice-Farrow et al., 2020, p. 368-9). As the therapeutic alliance stems from the relationship between client and therapist, I argue that these same microaggressions can be enacted by the counsellor when addressing sex in therapy. Examples from their research include expressing discomfort around their chosen name, simplification of a person's gender identity with certain people or in certain situations, acknowledging trans but not non-binary or gender fluid people, and creating barriers to gender affirming behaviour. Not only is it important to consider the ways gender diverse clients experience their own gender, and their gender within their sex life, but also for counsellors to be aware of the ways inadvertently enforcing the gender-binary may be causing harm to their clients by dismissing sexual identity.

Intersex Populations

Medical care also has an important history within the sexual landscapes of intersex people. Intersex is simply where observable sex characteristics present as ambiguous (Kraus et al., 2008; Wang et al., 2021). Intersex conditions have historically been conflated with the social construct of gender (Kraus et al., 2008). It is not a problem to be intersex, the same way that it is not a problem to be genderqueer, GNC or trans. However, that does not prevent people from asserting the gender binary in harmful ways. For intersex people, this arises in healthcare where it has been documented that doctors perform surgery on intersex infants motivated by a social need to assign a 'boy' or 'girl' label instead of a medical need (Kraus et al., 2008). Harm from instances like clitoroplasty in infancy have been recorded by Hughes et al. (2006) to include "problems related to decreased sexual sensitivity, loss of clitoral tissue, and cosmetic issues" (p.

558). Winter Perrera (2020) writes about the activism from the levels of organizations such as Stop Intersex Genital Mutilation up to the United Nations that advocate for the protection of intersex individuals (Winter Pereira, 2022). These physiological factors of various surgical outcomes may or may not affect how intersex people define sex. Roen and Oliver (2022) argue that the medicalization and upheld colonialism in intersex contexts has to stop. The gender binary and lack of acceptance of intersex people is a white colonial construct that fails to consider the psychosocial and physiological needs of the intersex person (Roen & Oliver, 2022). More research is necessary for understanding and supporting the sexual needs and desires of intersex people.

Asexual & Demisexual Populations

Desire for sex may affect how sex is defined. This is seen in asexual, demisexual and greysexual communities as raised in the research of Hille et al. (2020). Asexual refers to a reduced or non-existent desire for sex on one end of a spectrum (known as the ace or asexuality spectrum) where allosexual is on the other end of the spectrum (Hille et al. 2020). Greysexual refers to existing in the grey area between allosexual (person with sexual desire) and asexual identity, who may or may not engage in sexual activity. Demisexual refers to the prerequisite of romantic attraction before a potential to develop sexual desire. Definitions of sex differ between asexuals and allosexuals, mostly within heterosexual populations, such that people on the ace spectrum are slightly more likely to define sex beyond penetrative behaviours (McBride et al., 2017). Demisexuals were significantly more likely than asexuals, greysexuals, and allosexuals to define kissing and cuddling as sex (Hille et al., 2020). Beyond definitions of sex, it is important to acknowledge that people on the ace spectrum may feel differently towards sex. Attitudes towards sex include positive feelings towards sex, neutrality or being uninterested in sex, and negative feelings towards sex (Hille et al., 2020). The ace spectrum includes a diverse group of people with unique considerations regarding attitudes and definitions of sex.

Two-Spirit Perspectives

Indigenous cultures are diverse and cannot be assimilated into a single narrative. Informed by this, counsellors can hold space for multiple truths from our research and our work with indigenous two-spirit clients. Ma-Nee Chacaby (2016) is the author of *A Two-Spirit Journey: The Autobiography of a Lesbian Ojibwa-Cree Elder*. She writes about her kokum's observation of her two-spirit identity. Her kokum explains that regardless of who she finds, her partner and herself will be able to experience pleasure together. She also warns her about the hardships she will likely face as a two-spirit person. She relays the love and respect for two-spirit people that has changed on the community level because of colonialism. De Groot (2019) identifies the respect for two-spirit identity that appears in language. Indigenous languages do not have binary gender, and often have terms for people who exist outside of male and female roles. Two-spirit identity also transcended the categories of sexuality and gender, inclusive of people of all sexualities and genders (De Groot, 2019). Two-spirit people may have "spiritual significance, labor implications, cultural meanings, and erotic dimensions" associated with their identity, which speaks to their role and significance in the larger society (De Groot, 2019, Precolonialization, para. 2). De Groot (2019) clearly acknowledges that this does not necessitate idealization of indigeneity, but rather that indigenous cultures cannot be understood using western schemas. Malone and Gervais (2021) integrates this knowledge by utilizing interventions based in indigenous knowledge to dismantle harmful colonial practices in sex therapy. Two-spirit people, their sexual identities, and sexual experiences therefore cannot be constrained to white, Christian or settler conceptualizations of sex.

Indigenous Perspectives

Definitions of sex can be understood through indigenous perspectives. Sex and sexuality may be experienced as inherently tied to spirituality (Malone & Gervais, 2021). Indigenous definitions of sex, similar to two-spirit identity, cannot be understood using colonial schemas. Kim Tallbear and Angela Willey (2019) remind us that monogamy, the two-sex model, and what we see as 'natural' in relationships are colonial constructs. They explain that indigenous

sexuality can only be understood as in relationship with other human and non-human forms such as the earth (Tallbear & Willey, 2019). Malone and Gervais (2021) write that one way to explore sex with an anti-oppressive, anti-colonial lens is to feature storytelling and cross-generational teachings to frame an understanding of sex and sexuality. Some of Malone and Gervais's questions that may allow for this include "Were there any teachings by Elders, knowledge keepers, your family, or those in your community about sex?" and "What can it mean for you to be sexually empowered as an Indigenous person? "(p. 41). Understanding sex also cannot be separated from the ongoing horrors of the murdered and missing women and girls. As stated by Chief St. Pierre through the Congress of Aboriginal Peoples initiative *Unveiling Truths*' colonial violence towards indigenous women, girls and 2SLGBTQIA+ people is ongoing and we hold a shared responsibility to refrain from having this violence overlooked any longer (Congress of Aboriginal People, 2021). White supremacy also appears in the "silencing of sex" for indigenous women in the Canadian legal system (Baigent, 2020, p. 3). Baigent (2020) names this oppression in the legal context of the 1999 supreme court case of R. v Gladue, pointing to the sexist and de-contextualized assumptions made in legal decisions that disproportionately frame Indigenous women as aggressors and perpetrators. In reflection, informed by legal, historical, gender and cultural contexts, assumptions cannot be made regarding the meaning of sex for indigenous people as experiences of the meaning and significance of sex may be diverse within and between cultural groups.

BIPOC Perspectives

While research featuring BIPOC perspectives is limited, Black and Indigenous People of Colour may have specific experiences that shape their definitions and expressions of sex in important ways. While indigenous perspectives have been covered in previous sections, it is important to highlight this larger group is not being represented adequately in research. It is my intention to call to action researchers who do not create space for BIPOC populations in their work and feature the following research that is anti-racist in their approach. In a study of young

black women, Fasula et al. (2014) note the differences in definitions of sex between men and women. They share the example that “young women often report that love and romance are central to their meanings of sex and relationships and that bodily pleasure and desire are absent from these meanings” (p. 172). This demonstrates that for this subgroup, the definition of sex is nuanced. This qualitative study uplifts the non-dominant narrative of women whose experienced definition of sex differs from mainstream understanding. I would speculate that many subgroups adapt their definition of sex. In a 2020 study by Hagai et al. in San Francisco, intersectional identities play an important role in an individual's own understanding of their sexual identity amongst BIPOC LGBTQ populations. In this population, sexuality was also reported as not central to their identity (Hagai et al., 2020). In research by Fasula et al. (2014) as well as work by Hagai et al. (2020), identity and sexual definitions are affected by multiple factors. More research is necessary to understand the nuance of sexual definitions for BIPOC populations.

Kink Perspectives

Kink refers to interests and actions outside of predominant sexual norms that create positive feelings, experiences and/or arousal (Sprott et al., 2021). Sprott et al. researched the relationship between sex and kink, revealing, ”notable diversity in how people construct the boundaries of sex and kink and the relationship between them” (p. 708). Sex and kink for some people may be one and the same, and for others they may be completely separate, with most kinky people identifying some overlap between sex and kink. This overlap includes the following seven areas “kink flowing into sex, kink as spice for sexual interactions, kink and sex as connection and intimacy, kink and sex as an expression of erotic energy, kink and sex as an expression of power exchange, kink as spiritual, and kink as freedom” (Sprott et al., 2021, p. 708 [Abstract]). Kate D’Adamo (2022) reframes kink as an opportunity for creating healing space which can be powerful in understanding the similarity between sex workers and helping professionals as both utilizing somatic experiences for client healing. Erasmus and Lombaard

(2017) describe that playing with power and inequality are tools for expression of sexuality. D'Adamo (2022) and sexuality researcher and educator Dr. Lexx Brown-James (2021) share the perspective that kink is not pathological and can contribute to sexual wellness, and that it is particularly important to avoid pathologizing the fantasies of marginalized groups. In her example of 'Santana', she explains how black women have been taught to always be fighting against the systems that oppress them, and a kinky fantasy such as being tied up or having forced sex is counterbalancing (Brown-James, 2021). Kink can be a powerful and healing aspect of someone's sexuality which may or may not overlap with what sex means for an individual kinky person.

Aging Populations

Sex also changes with age. People understand and express their sexual identities in different ways from mid-life to late-life. A New York Times article describes the way a couple's sex life has changed now that Anne and David are in their 80's "They cuddle and touch each other. Sometimes they mutually masturbate, which they just started doing in the last decade. [...] The missionary position no longer works for them — [...] Instead, he often lies behind Anne and puts one leg between hers, the other to the side" (Jones, 2022, para 11-12). Older populations have a lot to teach us about the definition of sex throughout the lifespan, despite limited research with this population (Pennhollow et al., 2009). Age and gender also have an interactional relationship, where gender-related expectations and standards inform the research. In a 2020 Canadian study, postmenopausal women were less likely than men or women of younger age groups to report high sexual satisfaction (Blumenstock et al., 2020). While menopause may change one's sexual desire and functioning, it does not necessitate a reduction in sexual satisfaction. A 2023 study by Mernone et al. replicated results found in previous studies that two thirds of postmenopausal women reported high sexual satisfaction. This is significant due to gendered beauty standards that disadvantage body satisfaction for aging women, which has a negative influence on sexual satisfaction (Mernone et al., 2023).

Changes to a person's sex life as they age may be associated with a number of factors including physical health, mental health and social activity (Pennhollow et al., 2009; Tetley et al., 2018;). Older adults may also crave a greater experience of love when having sex (Tetley et al., 2018). Importantly, Tetley et al. highlight that despite changes to sexually intimate behaviour throughout the lifespan, satisfaction can be preserved (Tetley et al., 2018).

Sexual Attribution Studies

Sexual attribution studies specifically analyze what behaviours participants categorize as sex or not sex. Sexual attribution studies demonstrate some changes over time. In a 2001 study, researchers found participants of younger age groups were more selective when attributing something as sex than older participants (Pitts & Rahman, 2001). They also found that 30% of men did not include penile-anal intercourse as sex, which the researchers gathered was a result of aversion to what may be considered homo-erotic sex acts (Pitts & Rahman, 2001). This contrasts research done in 2017 on sexual attribution of anal behaviours that found the most consistent action to be labeled as sex across groups was penile-anal intercourse (McBride et al., 2017). McBride et al. (2017) also found that for the five anal behaviours of penile-anal intercourse, receiving manual-anal stimulation, giving manual-anal stimulation, receiving oral-anal stimulation, and giving oral-anal stimulation, "older age, being male, and behavioral experience were significantly associated with increased likelihood of labelling each of the five behaviors as having had sex." (p. 1169). This indicates older age consistently leads to increased attributions of sex, while the likelihood of labelling specific behaviours may fluctuate depending on factors such as gender, and possibly reduced connections between anal sex and homophobia. More research is necessary to draw conclusions for how and why sexual attribution changes over time.

Disability Perspectives

Sex may also be impacted by disability. Sex and disability activist Andrew Gurza (@gurza__, 2021) posted a reminder on Twitter that "sex as a disabled person or with a

disabled person is, and always was, real sex". This reminder is necessary due to the negation and oppression directed at the sex lives of disabled individuals. People with disabilities have had to stand up for the right to be considered as sexual in the first place. Gaelynn Lea speaks in her 2017 Ted Talk at Yale about the barriers to sexuality that she has encountered as a person with a disability. She names three devastating truths that impact the sex lives of people with disabilities to this day: media, legal history, and stigma. There is a significant lack of media representation for people with disabilities to be seen as sexual or desirable (TEDx Talks, 2017). She elaborates that this stems from a historical spectre of laws (as recent as 1956 in the United States) that deemed people with disabilities as "unfit to breed" (TEDx Talks, 2017). She explains that disabled people are infantilized as needing constant care like children and assumed to be asexual as if they do not have sexual feelings and experiences (TEDx Talks, 2017). People with intellectual disabilities also experience judgement and erasure of their capacity to have sex, which Hole et al. (2022) identify as sexual ableism. Hole et al.'s qualitative research at the University of British Columbia featured stories of sexuality from people with intellectual disabilities. Self-advocates in this study were frustrated by the lack of accessible sexual health education that allowed for positive exploration of what sex means, as opposed to risk-emphasis (Hole et al.). Marginalization is prominent surrounding the sexualities of people with disabilities, who may choose to define sex on their own terms.

Religious Perspectives

Religion is a cultural factor that has complex implications when it comes to sex. Understanding sex through a religious lens is one approach to get to the root of why there is variation between individual definitions of sex. This also has implications for sexual partners who come from different religions as their expectations of sex may vary. Furthermore, religion may tie a moral valuation to sex. Some sex may be approved in a religion, while other kinds of sex may be seen as immoral or unsanctioned. Mental health implications can arise if one is attributing their sex life as immoral or contradictory to their religion. The following presents

literature about defining sex from various religious contexts to provide a breadth of knowledge about the diversity of how religions conceptualize ‘having sex’.

Judaism and Sex

Jewish beliefs about sex are complex and may change depending on the source and cultural context. As Judaism can be understood both as a culture and a religion, the following will focus on the religious aspects of sex. It is important to recognize there is diversity in perspectives about sexual behaviour, even within one religion. For example, orthodox religious perspectives comment on masturbation. While men’s masturbation was prohibited to avoid “spilling of the seed”, women’s masturbation was not commented on (Yedwab, 2001). Extramarital sex, premarital sex and pornography are discouraged while using words to seduce, such as sexting via text, is permissible or even encouraged (Yedwab, 2001). From a feminist perspective, women are held under distinct considerations in the Talmud, such as being able to compel their husbands to fulfill sexual duties without the husband having the same permission as well as a requirement of nakedness and close bodily contact between the marital couple, without which the wife is entitled to a divorce with monetary settlement (Yedwab, 2001). This prioritization of pleasure for women may be seen as strictly for procreation, however it maintains a level of consideration for the woman’s perspective that is not present in all religious scripts. Case study research from Petok (2001) follows the journey of a Jewish couple exploring a sensate focus assignment in therapy to treat vaginal pain and premature ejaculation. Sensate focus will be explored at the end of this chapter. This case study presents an important theme that religion can play a significant role in a person’s sex life, and that sexual pleasure across gender can be celebrated and prioritized with Jewish couples.

Christianity and Sex

Christianity also holds a variety of beliefs about sex. Depending on the sect, cultural factors, and individual factors, beliefs about sex are bound to change. Nevertheless, many subgroups of Christianity share beliefs about the importance of virginity, marriage, masturbation,

and the significance of sex that may shape an individual's definition of sex. Taylor (2007) describes a strong social pressure that would enforce expectations of unions between a husband and a wife free from premarital sex, social pressures that seldom exist today. Despite shifting social pressures, Christian youth are less likely to have sex before marriage and less likely to masturbate (Pedersen, 2014). Pedersen's longitudinal study did not however find a reduced rate of homosexual intercourse (Pedersen, 2014). Broadly, sex in Christianity is seen as a "God-given act", referenced in the Bible as uniting flesh bringing aspects of the physical and spiritual together (Christie, 2001, p. 348). Christie (2001) references political shifts and systemic considerations like the Family Allowances Act of 1944 that provided financial aid to families. Political and societal shifts affected Canadian Christian Protestants' sexual landscapes. Christianity in Canada idealized the nuclear family, thus according to Christie (2001) positioning sexual deviance, delayed marriage, and unemployment of youth as the opposition. These ideals continue to have complex and lasting impacts on the views of Christians about sex. Motivations to maintain virginity, for example, may stem from faith-based belief systems. This may contribute to motivations to classify oneself as a virgin and narrow an individual's definition of sex. For example, Peterson (2007) received a respondent who checked 'yes' to considering themself a virgin and also checked 'yes' to having had penile-vaginal intercourse. Christianity has a complex relationship with sex and sexuality and must be considered as an informative factor despite high variability.

Catholicism and Sex

Catholicism highlights some similarities and differences in views about sex. Catholicism, while part of Christianity, represents a significant religious affiliation making up 29.9% of Canada's population (Statistics Canada, 2022). One important aspect of sex in Catholicism is the significance of 'original sin', or in the words of Cottam (2011) "human nature itself went through a process of corruption at the outset of human history" (p. 492). Cottam (2011) makes the connection between original sin and the lifelong struggle for self-control which may present

itself in moments of sexual impulse. Homosexuality, masturbation, and sex before marriage are also potential areas of sin or of some concern within the Catholic faith, similar to the concerns of Christianity as stated above. In an American study by Marchin et al. (2020), 34 obstetrician-gynecologists from across the country were interviewed to determine the impact of their religious values on their offering of contraceptives and abortions. The catholic doctors viewed abortions as professional maleficence, and none offered this service (Marchin et al., 2021). Twenty-four of the thirty-four doctors interviewed did however offer a variety of contraception methods in an effort to avoid abortion outcomes (Marchin et al., 2021). This study highlights the moral and ethical impacts of Catholic values on sexual health options. Baker (2019) writes about the integration of Catholic values in educational institutions including love, respect for one another, listening to each other, compassion, and “to be attentive to the whole person” (p. 11). Being raised with Catholic values such as these, as well as relationship and sexual ideals, may impact the way sexuality develops throughout the lifespan. More research is necessary to understand the impact of Catholicism on definitions of sex in adulthood.

Islam and Sex

In a 2023 interview for Canadian Broadcasting Company podcast *The Current*, Sheima Benembarek discusses her book *Halal Sex*. Benembarek refers to her book title, explaining “in Islam, it's an expression that refers to sex being halal only when it's between a married woman and man. Everything else is destined to hellfire, which was kind of mind blowing to me and unacceptable on many levels” (Galloway, 2023, 00:00:59). This statement describes Benembarek’s experience of the restrictive expectations of Muslim women’s sexuality which she finds unacceptable. A 2012 study by Adamczyk and Hayes confirms Benembarek’s experience, finding that married Muslim couples are less likely than other religions to have reported sex outside of marriage. This data does not reveal whether the reduced rate of reported sex outside of marriage is predictive of behaviour or indicative of response bias. In a study of Pakistani couples’ desire for verbal and non-verbal sexual communication, researchers Waqar et al.

(2023) found the psychosocial factors of “shame, gender, morality, modesty, culture, and female objectification” impacted desired sexual outcomes (p. 1 [Abstract]). Their research highlights a desire from both Muslim wives and husbands for more touching and caressing as well as more sexual assertiveness and communication of desires (Waqar, Ahmed & Rida-e, 2023). Merging the worlds of sexuality and Islam is done by the poetic words of Bouhidba (1985) stating “Islamic life becomes an alteration and complementarity of the invocation of the divine Word and the exercise of physical love.” (p. viii). Bouhidba’s statement draws together divinity and sex as complimentary forces instead of opposition. In summary, the relationship between sex and Islam is complex and informed by psychosocial factors such as the context of marriage, gender, and culture. These factors may play important roles in Muslim individuals' moral assessments and definitions of their own sex lives.

Buddhism and Sex

Certain perspectives tie Buddhist practices to sex, including symbolism and philosophy. As explained by Ingram (1999), nirvana may be achieved in part by sexual awakening and acceptance of sexual desire. The imagery of uniting a diamond and a lotus have been used in Vajrayana Buddhism to symbolize uniting meditation and wisdom as well as uniting the male and female sex organs (Ingram, 1999). Further analysis is possible when seeking to understand the ways Buddhist philosophy influences perspectives on sexual gratification. As stated in “The Art of Living”, an influential text surrounding Vipassana Meditation by William Hart, suffering stems from five facets of unhelpful attachment, one of which is desire and habit formation in “seeking sensual gratification” (Hart, 1987, p. 43). Following cravings from one sensation to the next can be seen as perpetuating the cravings themselves (Hart, 1987). Instead of being in pursuit of attaining sensual cravings, moments of sexual expression may be savored and experienced in the present moment. Hart explains there is a difference between refraining from the satisfaction of one’s desires and a punishing level of self-restraint (1987). Going to extremes to avoid pleasure is not the purpose of this philosophy (Hart, 1987). There are many

perspectives that I am unable to cover here due to limitations of this paper and of my own knowledge, leading many nuances of the Buddhist perspective to be lost. However, consideration of a Buddhist perspective allows practitioners to become aware of the possible role that avoidance of sensual cravings and enjoyment of present-moment pleasures may play into the sexual experiences with Buddhist clients.

Hinduism and Sex

Authors have described how sex is represented within Hinduism, from tantric and goddess connection to sexual expectation. Chandrasekar and Gurusamy (2019) describe how some Hindus grow up to learn about sex in the context of religion. “Conjugal happiness” is one of the religious and sexual expectations tied to having a life partner, in addition to partnership and religious ritual (Chandrasekar & Gurusamy, 2019, p. 115). Sex continues to have religious significance in status as a ritual of dharma. Sexuality and sexual expression are seen as inherent to a marriage, and an assertion of livelihood (Chandrasekar & Gurusamy, 2019). The nuance of gender and sexual power is captured by author Ali Smears (2019) who writes:

> The Shakti of the Goddess can be thought of as a power that can be harnessed (in Tantra for instance), and, in some instances, particular women have been thought of to be or channel the goddess herself. But while women are considered to hold this power, it is often men who have the ultimate control. (p. 2)

The divine power of Shakti and gender roles, particularly for Hindu women, are often overlooked or misunderstood in mental healthcare settings according to feminist counsellors and advocates Navsaria and Petersen (2007). Tantric sex, philosophy and practice have also been influential perspectives about sexual expression since the fourth century C.E. (Encyclopedia of Human Sexuality, 2015). In tantra, the pursuit of spiritual liberation may be achieved in part through expressions of sexuality (Encyclopedia of Human Sexuality, 2015). Spiritual connection occurs through masculine and feminine forces while also connecting to the axes of the body, primarily the base of the spine and top of the head (Encyclopedia of Human

Sexuality, 2015). Tantric practice often involves guidance from a teacher, a focus on the breath, and a practice of unity. It is important to keep in mind the nuances about tantra, and Hinduism in general, that do not excuse cultural appropriation, and cannot be captured in the scope of this summary. Sexuality and its connection to Hinduism may be different for each client, and therapists may benefit from creating space to investigate each client's relationship to sex and religion.

Spirituality and Sex

Spirituality also has a history of association with sex. Ethnographic researcher Anima Adjepong (2022) perceives that "the erotic is also a manifestation of spiritual connection, which is both transcendent and mundane" (p. 384). Audre Lorde speaks of the power of the erotic, that the erotic resource is born from spirituality and femininity. In her 1984 essay "Uses of the Erotic", Lorde declares "the erotic is a resource within each of us that lies in a deeply female and spiritual plane, firmly rooted in the power of our unexpressed or unrecognized feeling." (Lorde, 2016, 1:53:30). While Lorde and Adjepong speak of the ongoing spiritual connection to the erotic, Erasmus and Lombaard (2017) argue that spirituality and sexuality have grown further apart over time. They conclude by recommending a reconnection of these parts of our existence by finding ways to play within the gray areas between danger and safety that connect us to the sexual and the spiritual (Erasmus & Lombaard, 2017). Understanding sex through a spiritual lens offers complexity and significance that can shape the concept of sex itself.

Sex and Technology

Sex is understood differently today in part due to the influence of modern technology. Sexting and cyber sex appear frequently in peer-reviewed literature, and some studies describe the relationship between technology and sexual satisfaction. Döring et al. (2021) name differences in digital sexual interactions: "(1) through, (2) via, and (3) with digital technologies" (p. 1 Abstract). A couple may engage in cyber sex through an app, they may engage in cyber sex via text or video chat, and they may engage in sex with digital technology such as a

smartphone-controlled vibrator (Döring et al., 2021). All of these forms of technological sexual activity may be defined as sex and may contribute to people's sex lives in ways that are as real and meaningful as non-technological sex. In a meta-analysis conducted by Jeanfreau et al. (2022), sexting shows up in the literature as being categorized as a method of communication and a display of intimacy. Interestingly, sexual satisfaction for people in relationships is either increased or decreased by sexting. Jeanfreau et al.'s research suggests that gender and context may play a role in whether sexting has a positive or negative effect- primarily if women feel pressured to sext, or if they are engaging in sexting without reciprocity, negative outcomes are more likely. This makes sense as pressure and lack of reciprocation in sex raise questions of whether or not the act is consensual. It is important to note that sexting has risks and may especially be used to target vulnerable people such as children. All sexting covered in this paper relates to adult populations. Overall, more frequent texting, whether sexual or not in nature, contributes to relationship satisfaction by increasing communication. Therefore, sexting, and digital sexual experiences have the potential to be a positive element of a person's sex life. Understanding the ways technology can be important for someone's sex life is essential for therapists who may hold preconceived notions of what sex assisted by technology means for individuals and people in relationships. More research is needed to explain the parameters under which cyber sex and sexting are defined as 'sex'.

Sex in cultures where internet access is common must confront pornography's impact on sex. Mainstream pornography tends towards fast paced "sex" moving swiftly to "money shot" of male ejaculation, in ways that construct femininity as passive, and may normalize masculine sexual dominance and violence (Strom et al., 2019). In American adolescent populations studied by Pirrone et al. in 2022, participants who watched more porn were more likely to engage in certain sexual behaviours over others, and that these results were associated with gender. Porn may or may not qualify as being a part of an individual's sex life. Therapists may

also explore the significance of porn with their clients due to the potential for porn to be influential on an individual's sexual expression and expectations.

Sensate Focus

The sensate focus approach addresses psychosocial sexual challenges such as performance anxiety and has shaped sex therapy as we know it (Linschoten et al. 2016). The following literature in this section demonstrates the applications of sensate focus in clinical counselling. At the end of this review, the reader should be able to identify what sensate focus is, how it can help, the potential problems with this intervention, and prepare to engage with chapter three in which I propose an application of sensate focus for empowering client's definitions of sex.

The sensate focus technique was originally developed by Masters and Johnson in 1970 and hails from systematic desensitization. Sensate focus was developed in light of understanding "sex as a natural function" in which cognitive patterns may interfere (Linschoten et al., 2016, p. 233). Sensate focus is a therapeutic intervention suggested by the therapist to be performed in privacy between sexual partners. The therapist will explain to the partners that this activity does not involve "having sex" as previously defined. The partners will temporarily put away any expectation of orgasm and redirect their focus from performance or 'spectatoring' to focus exclusively on feeling, or on their partner's experience of feeling. One way this might show up is one partner gently caressing their partner's forearms, for example. The goal for both partners is to attend to the sensation without expectation or judgment of the experience (Linschoten et al., 2016). Feeling words may be explored in therapy to provide language tools for the partners to use in describing the sensations they are experiencing. Sensate focus is an intervention where partners use mindfulness to remain in the present-moment experience of touch with one another (Linschoten et al.).

Masters and Johnson

The publication from 1970 by Masters and Johnson entitled *Human Sexual Inadequacy* was the first to feature a detailed description of the sensate focus intervention. The original text brings some details that are frequently missed or glossed over in more recent publications. Their research took the form of a multi-day program where couples would communicate with the therapist each day for four days, sometimes more than once per day (Masters & Johnson, 1970). In describing the sensory exercises, therapists instruct clients to isolate each of the five senses and focus on only one at a time. Masters and Johnson describe that clients are undergoing a steep learning curve in their newfound development of sensory appreciation, and like other great feats of learning, this must be acknowledged and respected. The conditioned negative reactions to sensory stimuli are being unlearned and then relearned as pleasurable. This process may cause unpleasant experiences of resistance, feeling unattractive, reluctance, embarrassment and awkwardness to be experienced by some participants, which should be addressed and normalized in therapy (Masters & Johnson, 1970).

Masters and Johnson (1970) also name distractions as a barrier to treatment. Clients may report being taken out of the moment. The example of rough or dry hands was raised by Masters and Johnson who describe clients who would attempt to remedy the problem with hand cream just to complain about the sensation of the cream. This is an example of resistance in treatment that captures what may be expected throughout a traditional sensate focus intervention.

Creams and lotions may also play a therapeutic role in sensate exercises to increase familiarity with sexual bodily fluids. Clients may benefit from the incorporation of lotion to soften the transition from touching non-sexual areas to sexual organs. For couples who refused the use of lotion, the failure rate, defined by Masters and Johnson as neutral or non-positive results for one or both partners, increased by 400% (Masters & Johnson, 1970, pp. 80-1). It is important to note that lotion here is not used as lubricant for intercourse. Some studies have shown that oil-based lubricants weaken the effectiveness of latex, and silicone-based lubricant

can weaken silicone products, therefore precautions should be taken when silicone and latex condoms, toys, and lubricants are in use by clients (Martin, 1992; Sex and Lubrication, 2014). Lotion use is an important factor to raise with couples experimenting with sensate focus for its power to normalize bodily fluids with adherence to safe sex precautions.

One of the key learnings that sensate focus intends to teach couples includes “the fact that individual sexual preferences may differ because marital partners are two different personalities, have two different sets of attitudes, and often bring two different social, ethnic, and religious backgrounds to the relationship” (Masters & Johnson, 1970, p. 84). The slowing-down of sexual touch and addition of mindful awareness allow for individuals to create space for their own experience of their partner’s body, as well as their experience receiving touch. Being attuned to the self in slow and intentional ways differentiates partners from one another with the possibility of their differences being honoured. The honouring of individual cultural, historical, and preferential differences allows for sensate focus to be an inclusive approach for people uniting in touch from many backgrounds. This is why in chapter three, I will propose the use of sensate focus for empowering how sex is defined by individuals and sex partners. Diversity and inclusivity of sensate focus approaches however has not been empirically researched, and sensate focus is not without limitations.

Sensate focus was developed for married man-woman couples in a multi-day therapy format with an additional group therapy roundtable discussion. The addition of group therapy is not often included in current day applications of the sensate focus intervention. While it appears to be a flexible model that is effective in a weekly relationship counselling format, therapists should use caution when proceeding sensate focus with non-heteronormative relationships to promote safety and inclusivity in their experience. For example, in the original Masters and Johnson text, some of their language is not inclusive for queer, trans and non-binary individuals. This is demonstrated in their statement, ”that sexuality is a dimension of personality (being male or female) expressed in every human act” (p. 84).

Research Limitations

Research limitations are prominent within the topic of defining sex. Not everyone is comfortable looking at such an intimate part of human interaction. Researching or reading about sex can bring up feelings of embarrassment, shame, and discomfort. Even with my own journey of research for this capstone, I had moments of wondering what others might think of me for choosing to research sex. In light of this dynamic, it is reasonable to expect some limitations in the available peer-reviewed journal articles. More research is needed to gain a reliable and valid understanding of the factors that impact people's definitions of sex. Particularly in the areas of gender and cultural inclusivity, definitions of sex, and religion. I uncovered source after source of material that does not connect religious ideology about sex with the lived sexual experiences of devotees. There is also a gap in Canadian literature on this topic as a whole, especially research that prioritizes the voices of people who have been racialized, who live outside of the gender binary, and who are queer. While my searches prioritized quality research from Canada, very few articles have been published about the factors that influence sex in a Canadian context. The studies that exist are frequently about sexual deficits and ways to improve sexual difficulties. Finally, I am mindful of the history of mental health and therapeutic practices being rooted in white, Eurocentric ideology. While I have attempted to prioritize research outside of a colonial and Eurocentric narrative, this bias exists throughout my work and continues to impact the mental health field. In summary, biases and limitations are inextricable from research about sex and therapy, and an ongoing contribution of research from many cultures, value systems, locations and perspectives is recommended to improve our understanding of factors that impact how sex is defined.

In conclusion, research on understanding and defining sex has revealed that the dominant narrative is limited in its representation of diverse human experiences, including gender, sexuality, culture, and religion. As such, practitioners must broaden their definitions of sex to better support their clients. By expanding the definition of sex to include the vast range of

ways individuals and communities may conceptualize sex, mental health practitioners can enhance their ability to provide non-judgmental support and reduce the risk of harm. Moreover, it is essential for practitioners to reflect on their own biases and how they impact their work with clients to ensure ethical and effective practice. Ethical and effective practice is explored in chapter three, which offers a novel approach to empowering clients to explore sex on their own terms through the use of the therapeutic intervention of sensate focus. By incorporating a wide range of ways that sex is expressed, mental health practitioners can provide care that supports their clients' individual needs. This approach expands the current discourse on sexual therapeutic intervention and highlights the importance of incorporating diverse perspectives in mental health practice. Overall, the incorporation of diverse and nuanced perspectives in the definition of sex can improve mental health practitioners' ability to provide inclusive and affirming care to all clients.

Chapter Three: Discussion and Application

In this chapter, the research is connected to clinical application for therapists. Beginning with a discussion, the information presented is further explored through social justice, limitations of the research, and reviewing applicable findings. Chapter three then explores application of the findings through client-centered inquiry, intervention, and finally the therapeutic alliance. These categories present client definitions of sex, the sensate focus intervention, and integration of these approaches. Counsellors can refer to this chapter for clinical application of the research and may also refer to Appendix B which presents examples of clinical questions and discussion themes for use with clients. Appendix B is a quick-access guide to assist clinicians in distilling the themes of this research into small chunks. Counsellors may choose to incorporate all of, some of, or part of the proposed questions from Appendix B as a way to bring in client definitions of sex and sensate focus to their own therapeutic approaches. This modular, integrative approach recognizes the diversity of sex therapy, and the wide range of client needs that cannot be met by generalized treatments.

Discussion

Literature review of the ways sex is defined largely indicates variance between definitions of sex as informed by individual factors and cultural group membership. Not all cultures define sex the same way, and not all individuals within those cultures define sex the same way. As explored in chapter two, working with diversity in the counselling room is an ethical responsibility (BCACC, 2014). Therefore, from this review counsellors can learn to explore varied ways of defining sex; for their work with clients and for themselves. Particularly learning from indigenous perspectives (including Baigent, 2020; De Groot, 2019; Chacaby, 2016; Malone & Gervais, 2021; Tallbear & Willey, 2019.), religious perspectives (including Adjepong, 2022; Bouhidba, 1985; Christie, 2001; Cottam, 2011; Erasmus & Lombaard, 2017; Galloway, 2023; Gurusamy, 2019; Hart, 1987; Ingram, 1999; Lorde, 2016; Marchin et al., 2020; Pedersen, 2014; Petok, 2001; Smears, 2019; Taylor, 2007 and Yedwab, 2001) and queer

perspectives (Bagemihl, 2001; Bauer, 2021; Beres, 2022; Hall & Binik, 2020; Hille et al. 2020; Hoppe, 2011; Kraus et al., 2008; Lindley et al., 2021; Pearlston, 2017; Sakaluk et al., 2014; Wang et al., 2021; Winter Pereira, 2022; Wood et al., 2014) have shifted the ways in which I think about what sex means to me. I hope the reader also sees an opportunity through the presented material to learn from others' perspectives to better understand the ways in which they approach their understanding of sex and sexuality. This includes clinical approaches such as sensate focus (Masters & Johnson, 1970) which offer an opportunity to explore diversity in sexual definitions through counselling.

While the research presented offers opportunities for learning and self-reflection, it is not without limitations. The availability of peer-reviewed studies is a challenge with this topic as explored in the research limitations section in chapter two. Research beyond convenience samples is hard to come by, indicating the need for publications that feature diverse participants representative of the cultural, religious, ethnic, racial, gender, sexual orientation, ability, and age diversity of the population. Conclusions cannot be drawn from this literature review regarding the factors that influence someone's definition of sex, clarifying an opportunity for further research. Importantly, bias is also situated in this work. White, Eurocentric biases continue to shape psychotherapy practice as well as my own biases from my white Canadian settler identity. I will continue to address existing biases in my professional and personal life. This demonstrates one of the ways in which systems of power and oppression are related to this research. The lack of available research and the missing perspectives from academic narratives demonstrates existing power structures that continually silence marginalized voices. This raises the duality of this work. Existing power structures are present in the research that has been put forward due to the lack of availability of peer-reviewed journal articles on this subject, and the presentation of research on this topic is working towards dismantling existing power structures in sex and sexuality counselling. While I hope to increase reflection about how to hold space for

all perspectives about sex in counselling, I acknowledge the complexity of ethical practice in holding space for client definitions of sex.

When counsellors demonstrate care in bringing the client's definition of sex into the room, it not only benefits the client by creating space for exploration and self-reflection, but also lays the foundation for sensate focus interventions, and benefits the therapeutic alliance by avoiding assumptions. The following sections entitled client-centered inquiry, intervention, and therapeutic alliance will demonstrate ways that therapists may explore client definitions of sex and integrate these approaches with sensate focus interventions. These sections not meant as instructions for therapists but rather a template for further clinical analysis that may inspire therapists to think about the ways exploration of definitions of sex may fit in their clinical practice.

Client-Centered Inquiry

As explored in chapter two, therapists can benefit by expanding upon definitions of sex to include diverse perspectives in their work with clients. Creating space in the therapy room to explore client definitions of sex avoids assumption-making around the client's definition of sex and may also lead to the client's own reflection upon what sex means to them. Inquiring about client definitions of sex within individual and relationship sessions allow adequate time to understand each individual's sexual perspective, as well as the shared definition from the context of the relationship. In either the individual sessions or conjoint sessions, therapists can employ strategies that fit best with their own theoretical orientation. Suggestions for potential questions to use with clients to explore individual and contextual definitions of sex are included in Appendix B. These questions are potential ways to explore the complexities of sex within the context of a relationship. It is important for therapists to check in with clients as these questions may lead to a state of activation and require further considerations such as ethics and consent for client safety in engaging with these topics.

According to the ethical duties in the profession, counsellors must hold safety at the forefront of working with clients with interventions around sex and sexuality. The prevalence of sexual trauma and experiences of sexual harassment, especially for clients assigned female at birth and women, must be taken into account. In a 1999 survey of working women between the ages of eighteen and sixty-five, fifty-six percent of women reported experiencing sexual harassment at work in the last year (Crocker & Kalembra, 1999). With the emergence of the #metoo movement, and the nomination of sexual harassment as the Canadian Press news story of the year, the prevalence of sexual harassment continues to be a serious Canadian societal problem (Loriggio, 2017). The British Columbia Association of Clinical Counsellors (BCACC) requires counsellors to follow the ethical principle of non-maleficence (BCACC, 2014) and therefore consider the impact of traumatic sexual experiences when working with clients to avoid causing harm. Past and current traumas must be considered to avoid contraindications such as ongoing abuse. One way to prioritize safety in this way is illustrated by the Gottman Institute. The Gottman method encourages practitioners to screen for ongoing and past incidences of abuse in individual sessions before engaging in ongoing work with people in relationship counselling (The Gottman Institute, n.d.). This may be adapted to sex therapy informed approaches by seeing clients for an individual screening or individual session before introducing the sensate focus intervention. Individual sessions also provide the benefit of inquiring about individual contexts which will be explored later in this chapter. Overall, safety must be prioritized in all counselling work and involves specific considerations when working with topics of sex and sexuality.

Exploration of clients' individual preferences and boundaries is an important consideration in adapting Masters and Johnson's (1970) sensate focus approach. Consent is essential for all sexual interactions for the respect of others. Sexual harassment, as defined in chapter two, occurs in the absence of consent. From an ethical perspective as a counsellor and as a human being, it is essential that counsellors model consent in the therapeutic relationship

by asking for permission and seeking ongoing informed consent. In my own work, it is not enough to assume clients will speak up when something makes them feel uncomfortable, and instead therapists must hold the responsibility of collaborating with clients on what boundaries and safety look like in approaching the sensate focus assignment. It is also important to cover that consent whether discussed in therapy, at home, or in the moment can be revoked at any time[4]. One way to explore sensual boundaries in session is to provide clients with an image of a human body and have each individual circle the places where they feel comfortable being touched by their partner. These boundaries can then be revisited in subsequent sessions to monitor any changes that may arise. It is also worth considering that exploration of client definitions of sex contributes to consent by fostering shared language. Consent conversations are made possible when there is shared understanding of what is being discussed. Without mutual understanding of the definition of sex that the client is using in therapy, the therapist and client cannot provide informed consent. Consent is a non-negotiable addition to the Masters and Johnson sensate focus approach that requires intentionality on the part of the therapist.

Intervention

A 2014 article by Weiner and Avery-Clark proclaims that “sex is not a modernistic, either/or dichotomy, but rather a post-modernistic, both/and complexity” (p. 311). Similarly, acceptance of diversity in definitions of sex can co-exist with existing therapeutic interventions. The following integration of sensate focus with sexual definition exploration is a novel suggestion. My own therapeutic knowledge as well as the literature referenced in chapter two have informed these approaches. While I can anticipate that this approach would work well with some clients, it should not be used as a blanket approach with all clients. Therapists must exercise caution, assessment of client wellbeing, and care when deciding when to use

[4] For an explanation of consent, consider watching “Tea Consent” from Blue Seat Studios (2015) https://www.youtube.com/watch?v=oQbei5JGiT8

interventions, including this adaptation of sensate focus. In their sensate focus literature review, Linschoten et al. (2016) note that more research is needed regarding the application of sensate focus to diverse populations. By outlining potential applications of the following approach, I hope to contribute to diversity considerations around sexual expression, informing the work of therapists and researchers to increase the inclusivity of sensate focus approaches over time.

When therapists and clients are ready to move forward, it is up to the therapist to introduce sensate focus. Cornell Health published a fact sheet in 2019 summarizing the sensate focus intervention for both clients and therapists. This fact sheet is one option to utilize in session or to send home with clients as a reminder of the steps in the process, where to focus their attention during the exercise, and what to expect moving forward (Cornell Health, 2019). Providing a resource can serve as a bridge of information to be referenced by the clients outside of the therapy room. Cornell Health's handout also addresses questions of erections, incorporating lotion or lubricant, body part touching, and positions for which the clients may be curious (Cornell Health, 2019). Additionally, providing accessible details and client understanding about the sensate focus intervention invites choice, collaboration and empowerment which are essential contributors to a trauma-informed approach according to the UK Office for Health Improvement and Disparities (GOV.UK, 2022) working definition of trauma-informed practice. Approaching sensate focus in collaboration with clients and addressing questions and concerns are consistent with consensual and trauma-informed counselling.

Sensate focus interventions require therapists to request something challenging of the clients; to temporarily place restrictions on sex (Cornell Health, 2014; Masters & Johnson, 1970; McCoy et al., 2015). As understood through the literature presented in chapter two, definitions of sex are diverse between people and necessitate further exploration. In introducing sensate focus, therapists have an opportunity to explore what sex means to their clients and use this information to collaborate on sensate focus assignments. After explaining sensate focus and receiving consent from clients to proceed, the therapist will request that the clients refrain from

having sex for a specific amount of time. This request has a dual purpose. Succeeding in following the request results in continuing the sensate focus exercises and gaining a better understanding of their own and their partner's body, experience giving and receiving, and attune to pleasure. Failure to follow the therapists' direction, however, can result in the clients having sex. Although more work can be done with clients who 'fail' in this way, they have proven to the therapist and to themselves that their sex life is not broken. This instance of sexual compatibility when breaking the rules together can be explored in future sessions and may lead to better understanding of what leads to sexual connection in the relationship. It is imperative here to honour what sex means to clients instead of projecting assumptions. The step of taking sex off the table is an essential part of the sensate focus intervention, where the clients' success or failure to follow this direction does not detract from therapeutic progress.

Multiple days of treatment are a core part of the sensate focus intervention. The original sensate focus interventions by Masters and Johnson (1970) were held over the course of multiple days incorporating relationship therapy, group therapy, and of course private time for the couple. Multi-day treatment plans, as opposed to one-time interventions, have some distinct benefits. Firstly, treatment over multiple sessions allows for follow-up. The therapist can monitor client progress, normalize challenges, and provide additional support when necessary. When integrating definitions of sex, follow-up also enables counsellors to reflect with clients on whether their definition of sex has changed or shifted over the course of the intervention. Multi-day treatments also leave space for the clients to reflect on questions they have or bring updated experiences into the session, rather than having to receive all information at once. More flexibility is provided by multi-day approaches as clients may need more time spent doing grounding or emotional regulation work one day as opposed to furthering sexual exploration. While there may be additional benefits beyond the information presented here, it's important to note that multi-day treatment is essential for reviewing change in definitions of sex and monitoring treatment effects for the therapist's ethical beneficence.

While the original Masters and Johnson (1970) sensate focus intervention involved group therapy, I suggest therapists and clients work towards finding the type of supportive group that works for the individuals. Recent interventions have adapted this approach to include other relational supports for the clients. McCoy et al. (2015) consider their clients' polyamorous satellite relationships in supporting the sensate focus intervention. There is no mention of concurrent group therapy in the sensate focus work of McCoy et al. (2015), Ribner (2003) who adapts sensate focus for working with orthodox Jewish couples, or Schwartz and Southern (2018) who propose a modern integrative approach to sensate focus interventions. The aforementioned studies seem to suggest that sensate focus interventions can be effective without group therapy interventions. However, practitioners may assist clients in finding supportive groups when working with the complex topic of sex and sexuality. For the purpose of this section, I define supportive groups as any virtual or in-person social or therapeutic group or community that is accepting of the client and beneficial to the client's wellbeing. Some options for therapists to consider in exploring supportive groups with clients include resourcing clients around the supportive groups to which they already have access, taking steps towards joining new supportive groups, or providing resources around accessible group therapy. It is worth noting that supportive groups for the client may or may not be places where they choose to discuss their sex life or their experience of therapy. While certain interventions eliminate the need for group therapy, I argue that supportive groups are conducive to client wellbeing when taking a sensate focus approach.

New experiences may be accompanied by a learning curve. The learning curve refers to a sometimes-steep progression from a novel experience to proficiency by demonstrating the acquisition of learned behaviour and/or the extinction of failure plotted on an x and y axis (Harris, 2022). Masters and Johnson (1970) describe integrating acknowledgement and respect for the challenges that clients may be facing in the learning process. This is an important step for therapists to employ as it integrates empathy with client learning. Addressing emotions that

come up for clients through a challenging learning process may improve the therapists' understanding of their clients and provide validation for clients while normalizing difficulties they are facing.

It is not unusual for clients to raise some forms of challenge when attempting sensate focus. As recommended by Masters and Johnson (1970), therapists should be comfortable discussing this with clients and normalizing their experiences including unpleasant experiences of resistance, feeling unattractive, reluctance, embarrassment and awkwardness. Please keep in mind while some challenges can be anticipated, therapists must use their best judgment in deciding when pivoting to other treatment methods may be beneficial as to maintain non-maleficence in practice. This adaptation of sensate focus has a wide range of clinical applications but will not be a perfect fit for all clients. Masters and Johnson's (1970) approach here requires counsellors to normalize challenges when introducing sensate focus, and revisit challenges that have arisen when checking in with clients throughout their sensate focus practice. Coren (2016), in her integrative therapy approaches for clients with chronic pain, identifies "validating and normalizing emotional distress, encountering existential anxieties, and engaging authentically with resistance, enactment, and transference–countertransference reactions" as fundamental counselling tools (p. 396). While chronic pain and sex-related presenting problems are not always the same, I would argue that these fundamental tools are useful to bring into working with clients to prepare for challenges that may arise in working with sensate focus interventions.

One particular challenge that is worth exploring with clients is the experience of being taken out of the present moment when engaging in sensate focus. Clients may also have experienced this challenge in their sex life. While it is normal to experience wandering thoughts, the sensate focus intervention at its core is about being present in experiencing theirs and their partner's body. Developing the skill of focusing on the present moment may be a therapeutic goal that also increases the effectiveness of sensate focus. Therapists will likely have many

approaches such as mindfulness interventions that already work with present-moment awareness. Therapists may consider the therapeutic tools at their disposal, and potentially engage with clients in practicing these skills during the session. In particular, mindfulness-based interventions that have a somatic or embodied focus may be an asset for the clients to bridge the gap between the session and their sensate focus homework. There is no particular mindfulness approach named in the original Masters and Johnson (1970) intervention. However, in line with Coren's (2016) use of authentic engagement, therapists may choose to bring in practices that align best with their own and their client's theoretical orientation. By bringing mindfulness practice into counselling sessions, clients may develop skills that assist in remaining present when focusing on present-moment sensation.

Once clients have had some sensate focus experiences with each other, the therapist may request each partner to reflect on what, if anything, gave them pleasure during the exercise. After introducing the idea of pleasure, clients may begin to invite directiveness into their sensate focus sessions by communicating their likes and dislikes from their partner's touch. If clients communicate readiness for increasing their sensual capacity, client desires and wishes may be raised in therapy or when touching or being touched by their partner. It is important to move slowly with this process in building a new sensual world between partners rather than falling back into old patterns. As one client may present as more naturally assertive in their sex life, space for both clients to explore desires can be created in the therapeutic alliance. Therapists may choose to appreciate or celebrate their clients' ability to make time for the exercise despite preexisting barriers. Taking time in session to open dialogue between partners allows for insight exploration and increasing empathy.

Factors that have been studied to positively influence the success of sensate focus in previous research may continue to have a positive influence in this inclusive adaptation of sensate focus interventions. Case study research from Vowels (2022) that studies an online approach to sensate focus identifies having hope for improvement, viewing the sexual problem

as a shared responsibility, and increasing communication about sex as the top three common factors for successful sensate focus interventions. Considering these factors opens the door to discussions around what is meant when using the word ‘sex’. Another success factor from Masters and Johnson’s (1970) original text that is worth consideration is the use of lubricant or lotion for the ability to increase comfort with bodily fluids. Keeping success factors in mind when approaching interventions provides useful tools for the therapist to keep in mind when integrating sensate focus and client definitions of sex.

Therapeutic Relationship

The factors that influence the therapeutic relationship are extensive and nuanced. This section does not intend to deliver a comprehensive guide, but rather presents important considerations for the therapeutic alliance when integrating sensate focus and client definitions of sex. Here, I outline additional ethical implications of clinical application that have not yet been described, as well as the importance of cultural humility and non-judgment in this work. The therapist’s contribution the therapeutic relationship is worthy of careful consideration when applying integrative approaches.

In reviewing potential applications of this adapted sensate focus approach, counsellors may already be thinking of how ethical considerations impact the therapeutic relationship. Earlier in this chapter, I named non-maleficence, consent, cultural humility, non-judgement, self-reflection, and screening for safety and how they impact our ethical responsibilities to the client. Other significant ethical factors that are pertinent when taking a sensate focus approach are respect for self and competent caring. When working with adaptations of sensate focus, especially the novel concept proposed in this chapter, counsellors require support to work towards developing competency. Supervision, peer support, and ongoing learning among other things may assist the counsellor in integrating new approaches into their clinical practice (BCACC, 2014). If the counsellor does not have support in place, it is recommended that they engage in an ethical decision-making process as outlined by BCACC (2014). Another important

ethical consideration for working with my adaptation of sensate focus is self-care. Practitioners may identify challenges in their own sex life or find themselves redefining what sex is for their personal life while doing this work with clients. As stated in chapter two, definitions of sex may change over time. Engaging in one's own therapy and taking care of the self is essential to being able to show up with the capacity required by our clients. Self-care is personal, and like sex, must be defined from person to person. As outlined in the BCACC Code of Ethics (2014), respect for self in counselling requires counsellors to tend to their own needs, biases, and acknowledge stressors that may arise through client interactions. If counsellors have not done so recently, carefully review your own relationship to sex and sexuality along with what might best support you throughout engaging in this work. The ethical considerations of respect for self and competency are two of many considerations worth taking time to review to best care for our clients using the sensate focus intervention outlined in this chapter.

Approaching sex therapy interventions without making assumptions about the client's sexual expression or preferences is essential to build the therapeutic alliance and deliver effective treatment. This can be done, in part, by applying the principles of cultural humility by Kondili et al. (2022) who pull from a variety of definitions to highlight the characteristics of self-awareness, acknowledgment of fallibility, awareness of bias, awareness and self-reflection regarding power and oppression, respect, and openness in cultural humility practice. As demonstrated in chapter two, clients with a range of sexual expressions and experiences may have varying needs. This remains a consideration as the therapist introduces sensate focus. As explained in the literature review, human diversity in experience and cultural group membership impacts the ways sex can be defined. Furthermore, assessing the clients' current sex life from a cultural humility perspective must include openness to learning about the client's perspective. To truly understand what is bringing the people in relationship to therapy, each client's perspective of their sexual problems as well as sexual desires must be explored. For example, clients Bayan and Mel arrive in therapy with a non-existent sex life. If the therapist does not

inquire about what each individual desires, they would not have the chance to discover that both partners have fantasies about being sexually submissive. In this example, the therapist avoids making assumptions about each partner's sexual preferences by inquiring about their desires.

Conclusion

Chapter three has explored considerations that reflect adapting sensate focus to be inclusive of client perspectives. Discussion of findings has been presented along with considerations and suggestions included in Appendix B for client-centered inquiry, intervention, and building the therapeutic relationship. By carefully considering safety screening protocols, obtaining ongoing informed consent, exploring group support options, and the recognition of individual and relationship sexual desires, practitioners can gain relevant insight into client perspectives about sex. This also begins to create a secure environment to apply sensate focus interventions. Emphasizing a non-judgmental approach, cultural humility, embracing challenges, and addressing the complexities in defining sex, counsellors are building the therapeutic alliance. Overall, this chapter has highlighted significant considerations to the clinical application of integrating sensate focus and client definitions of sex.

Counsellors have a unique opportunity to incorporate sexual diversity into their practice by creating opportunities for clients to define sex. Not only does this reflect the cultural and contextual factors that influence variety in the ways people define sex, but also upholds the counsellor's ethical duty to their clients by honouring diversity of peoples and acknowledging the impact of the counsellor's own definition of sex. This capstone has explored the author's approach to research, positionality and analysis followed by a literature review comparing definitions of sex, understanding the sensate focus intervention, and finally concluding with an adaptation of the sensate focus intervention through client-centered inquiry, intervention, therapeutic relationship, and discussion. Nuanced words like sex and sexuality are opportunities for counsellors to gain insight into the worlds of their clients, refute oppressive dominant assumptions about sex, and hold space for diversity by listening to client definitions.

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Appendix A

Comparison of Definitions of Sex and Sexual Intercourse

Source	Definition of Sex	Definition of Sexual Intercourse
Oxford English Dictionary and Reference	sexual activity, including specifically sexual intercourse	The process by which spermatozoa from a male are deposited in the body of a female during sexual reproduction. In mammals the penis of the male becomes erect and stiff as its tissues become filled with blood, enabling it to be inserted into the vagina of the female. Thrusting movements of the penis result in ejaculation, in which semen, containing spermatozoa, is deposited in the vagina.
Cambridge Dictionary	physical activity between people involving the sexual organs	the act of having sex
Merriam-Webster Dictionary	sexually motivated phenomena or behavior	1. heterosexual intercourse involving penetration of the vagina by the penis : COITUS 2. intercourse (such as anal or oral intercourse) that does not involve penetration of the vagina by the penis
Encyclopedia	physical activity in	sexual activity between two people

Brittanica	which people touch each other's bodies, kiss each other, etc. : physical activity that is related to and often includes sexual intercourse	especially : sexual activity in which a man puts his penis into the vagina of a woman
Dictionary.com	the sexual instinct or attraction drawing one organism toward another, or its manifestation in life and conduct	1. genital contact, especially the insertion of the penis into the vagina followed by orgasm; coitus; copulation. 2. a sex act that involves penetration of one person’s vagina, anus, or mouth by another person for the sexual gratification of one or both parties.

Appendix B

Clinical Application Guide

Suggestions for Sexual Definition Prompts and Sensate Focus Intervention

Client-Centered Inquiry	**Purpose**
What's going on in your sex life at the moment? What changes are you hoping for in your sex life? How have your emotions, spirituality, relationships, and societal factors effected your sex life?	Seeking Context
Is there anything from your past that would make it feel unsafe to discuss sex in counselling? How might your past experiences of abuse or harassment impact our work in therapy? What would help this work feel safe enough for you?	Safety Screening
Is there an ongoing or past affair? How has keeping secrets shown up in this relationship?	Contraindication Screening
What are you looking for in your sex life? Tell me about your sexuality. What do you desire?	Individual Sexual Desires
Do you or your partner have any diagnoses or histories that are important for me to know about? How did childhood and adolescence affect your view of sex today? How has your definition of sex changed over time?	Individual Sexual History
What is sex for you? How do you define sex? What parts of your body can feel sexual? What behaviours are sexual to you? When do you feel your most/least sexual? How do emotional, spiritual, relational, and societal elements effect your definition of sex?	Definition of Sex

What is sex in your relationship? What sexual patterns or scripts do you typically follow? Do you ever break those patterns, if so, how? What behaviours, body parts, or feelings are a part of sex in your relationship?	Relationship Definition of Sex
Has your definition changed or stayed the same, and why do you think that is? What have you learned about sex for yourself? Did you experience anything new when trying sensate focus?	Revisiting Client Definitions of Sex
What parts of sensate focus would you like to maintain or discard? How, if at all, has your sex life shifted since trying sensate focus? What have you learned about your partner's sexual desires?	Revisiting Relationship Definitions of Sex
Intervention	**Purpose**
Who makes up your support network in your life? What communities do you belong to? How do you receive support? Information about support groups.	Resourcing Supportive Groups
What part, if any, would you like to try before next session? How did the sensate focus assignment go? How did it feel for you? What is similar or different from how you define sex?	Assign & Review Assignments
Would you like to try sensate focus to explore sensation in your relationship? Would you like to continue with sensate focus in our sessions? Which parts of sensate focus work or do not work for you? What is it like to share your definition of sex in counselling?	Consent
Where are you comfortable being touched by your partner? Which areas are not ok? Circle where you can be touched on this image	Consent: Body Touch

Taking sex off the table. How can we change the sexual pattern in your relationship? What is it like to avoid [insert client definition of sex]? What do you miss about [insert client definition of sex]?	Sensate Focus Intervention
Shifting focus to sensation. What are you feeling in the present moment? How does it feel to change the speed/pressure/body part when touching your partner? What touches do you enjoy most?	Sensate Focus Intervention
Discuss “Hand Riding” technique of the receiving partner placing a hand over the touching partner to guide or provide non-verbal cues	Sensate Focus Intervention
Discuss addition of lotion/lubricant. Are fluids or liquids a part of your sex life? How does lubrication effect sex for you, if at all?	Sensate Focus Intervention
Discuss addition of mutual touching. Do you feel comfortable moving from one-sided touch to both of you touching each other?	Sensate Focus Intervention
Discuss how sex and specific sexual behaviours may or may not be incorporated into sensate focus. Kissing your neck was a part of sex for you previously, is that something to add in step 2?	Integration of Definition of Sex and Intervention
Therapeutic Relationship	**Purpose**
Self-awareness: How have my experiences shape how I view sex and sexuality? What are my judgments about others sex lives? Acknowledgment of fallibility: This approach may not work for this client, and I cannot know what is important to clients without asking. Awareness of bias: When I consider this client’s definition of sex, what comes up for me? Is judgment showing up here? Awareness and self-reflection regarding power and oppression: How have systems of power shaped sex and sexuality in the	Cultural Humility

counselling room? How is power present when talking about sex in counselling? Respect: Even if I don't have experience with what you are describing, it is just as valid and important of a sexual expression as anyone else's definition of sex. Openness: I would like to understand how you experience that. Hmm, I don't think I know what you mean, could you say more about how that shows up in sex for you?	
How have religious and spiritual experiences affected your definition of sex? Tell me more about how the people around you view sex? How was sex talked about when you were a child or teen?	Listening and Rapport-Building
Being queer has shaped my own view of sex, does your queer identity shape your view of sex? You're not alone, it was really painful for me too when I went through a similar situation.	Self-Disclosure
Stating the potential for individual and conjoint sessions throughout treatment. Checking in with clients around pace of sessions.	Session Planning
Collaborating on session content, progress and termination	Collaboration
Validation of challenges, psychoeducation around learning curve, holding space for emotions	Embracing Challenges and Complexities