

# CPSY 565 Human Sexuality

*Department of Counseling Psychology Lewis and Clark College Graduate School*

Summer – 2021

Lecture Friday, 1:00 pm – 4:00 pm

Class Online via Zoom: <https://zoom.us/j/91748942658>

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*“Although people can be intolerant, silly, or pushy about what constitutes proper diet, differences in menu rarely provoke the kinds of rage, anxiety, and sheer terror that accompany differences in erotic taste.” -- Gayle Rubin*

*“Biological sexuality is the necessary precondition for human sexuality. But biological sexuality is only the precondition, a set of potentialities, which is never unmediated by human reality.” -- Robert Padgug*

## COURSE DESCRIPTION

Sexualities are not simply something we possess; they are constructed, performed, restricted and controlled, all within the historical and cultural setting in which we live. This course will examine the intersections among sexuality, culture, gender, and the body. Our goal will be to explore a variety of sexualities emphasizing the multifaceted nature of power, privilege, and oppression inherent in *human* sexuality. There will be a specific focus on the role counseling/therapy plays in cultivating sexual discourses and the impact those discourses have on our lives. For example, students will learn to critically investigate how and why some sexual behaviors become pathologized and later normalized by mental health practitioners. Finally, an important part of this course includes the consideration of our own histories and vulnerabilities as they influence our capacity to support others' sexual health.

The reading assignments outlined below are the **expected minimum readings**. These readings will be used to facilitate early class discussions. However, there is an expectation of our cooperative investment and involvement in collecting and sharing information, community resources, and personal expertise. In this way, this class supports your career-long development as a counselor/therapist who considers and reflectively supports the sexual health of the clients you serve.

## STUDENT LEARNING OBJECTIVES

This course promotes the following student learning outcomes (SLO):

SLO 1: Students will demonstrate integrity, compassion & commitment to working with diverse groups.

SLO 2: Students will demonstrate excellent therapeutic skills with individuals, couples, and families.

SLO 3: Students will demonstrate dedication to social justice and global citizenship.

## COURSE OBJECTIVES

Participants in this course will:

1. Understand the social construction of sexuality and sexual functioning relative to social, historical, and cultural contexts, including how these contexts serve to privilege some expressions of sexuality while oppressing others.
2. Understand a variety of human sexuality issues (e.g. gender, sexual functioning, and sexual orientation), human development and sexuality, and the impact of sexuality/sexual issues on family and couple functioning
3. Learn to assess sexual issues from a bio-psycho-social spiritual perspective that includes an analysis of power imbalances relative to sex.
4. Learn primary treatment approaches and techniques for resolving sexual problems and consider their use within specific cultural and social contexts.
5. Develop fluency and comfort talking about sex and sexual functioning with individuals and couples.
6. Consider treatment issues specific to sex therapy with heterosexual, lesbian, gay, trans, and bi-sexual couples/families, as well as other diversity issues.
7. Explore own biases relative to sexual orientation and sexual practices that are likely to influence work with clients.

## REQUIRED TEXTS

(available online via the Aubrey R. Watzek Library, use links below)

1. Kleinplatz, Peggy J. (2020) [\*Magnificent sex: lessons from extraordinary lovers\*](#)
2. Constantinides *et. al.* (2019) [\*Sex Therapy with Erotically Marginalized Client.\*](#)
3. Green and Douglas (2018). [\*Quickies: The Handbook of Brief Sex Therapy \(Third Edition\)\*](#)

## RECOMMENDED READINGS

1. Hertlein *et. al.* (2019) [\*Systemic Sex Therapy\*](#)  
This is a very good book if you want a clinical approach to sex therapy. You will find a detailed description of sex disorders, diagnosis criteria, and treatment protocols from a systemic perspective. This book is useful when you are expected to document your therapeutic work for institutional review (i.e. insurance companies, clinical presentations, etc.).
2. Gehart and Tuttle (2002) [\*Theory-Based Treatment Planning for Marriage and Family Therapists\*](#)  
Hands down, this is a book you should have to study for the LMFT exam as well as learning how to formulate treatment plans. I like this book because it breaks down how each of the theoretical models approach therapy in general. I have found this to be an invaluable resource for organizing my therapeutic approach with clients.
3. Zena Sherman (2016). [\*The Remedy: Queer and Trans Voices on Health and Health Care.\*](#)

If you want firsthand narratives of what it is like to navigate healthcare systems as a LGBTQ+ individual as well as examples of community projects adapting to the needs of the queer community this is your book. I often give clients excerpts that echo their experience as socioeds.

4. Kai Cheeng Thom (2019) [I Hope We Choose Love: a Trans Girl's Note from the End of The World](#)  
This is an amazing mixture critical analysis of the social justice movement through poetry and essays. I recommend this book to clients struggling with queer elitism, finding their activist voice or wanting to navigate trauma within the queer community.
5. adrienne maree brown (2019) [Pleasure Activism: The Politics of Feeling Good \(Emergent Strategy\)](#)  
One of the best anthologies on the politics of pleasure! This book decentralizes white voices by focusing on a Black Feminist Thought, intersectionality, afrofuturism.
6. Matthias Roberts (2020) [Beyond Shame: Creating a Healthy Sex Life on your own Terms.](#)  
Recommended to me, but I have not read it yet. I will say shame is one of the most important emotions to learn how to work with when doing therapy.
7. Stella Harris (2018) [Tongue Tied: Untangling Communication in Sex, Kink, and Relationships.](#)  
This is a fantastic book on sexual communication regardless of the kind of sex you want to have. I have clients read this to learn how to ask for what they want.
8. Stella Harris (2021) [The Ultimate Guide to Threesomes](#)  
Threesomes are the most common sexual fantasy people have. This book helps normalize that desire and help clients navigate having one.
9. Tina Schermer Sellers (2017) [Sex, God & The Conservative Church](#)  
This is an excellent book written by a LMFT therapist focusing on how to work with clients exposed to conservative religious views of sex/sexuality and gender.
10. Emily Nagoski (2015). [Come as You are: The Surprising New Science That Will Transform Your Sex Life](#)  
Clients who would like a more biomedical approach love this book. I tend to give this to my cis-, het. clients who identify as men because it uses a discourse they recognize and trust while normalizing a feminist perspective on body variation. (there is also a workbook clients like).
11. bell hooks (2000) [All About Love: New Visions.](#)  
This is the single best definition of love I have found. I warn people that reading this book can be hard because it causes you to rethink the relationships in your life. But it is worth reading because you begin to understand what you need for safe loving relationships.
12. Christopher Ryan (2012) [Sex at Dawn: How We Mate, Why We Stay, and What It Means for Modern Relationship.](#) Harper Perennial.  
This book uses a bio/essentialist lens to problematize our cultural obsession with the myth of monogamy. I give this to clients who need help normalizing their feelings of non-monogamy.
13. Anne Fausto-Sterling (2008) [Sexing the Body: Gender Politics and the Construction of Sexuality. Basic Books.](#)  
This is a classic read outlining the cultural myth of two sexes from a micro-bio perspective. It also explains the science of intersex folks.
14. Kaufman, Silverberg & Odette (2003). [The Ultimate Guide to Sex and Disability.](#)  
I recommend this for therapists who need to learn how to think outside the ableist discourses we are all exposed to.

15. Dossie Easton (2017) [Ethical Slut. Clestial Arts: 3<sup>nd</sup> Edition](#)  
Anyone who is interested in exploring nonmonogamy should read this book. It is a staple and most clients have read it!
16. Carrie Jenkins (2017) [What Love is: And What It Could Be](#)  
This is a great book exploring the history and philosophy of love. It is a great read for folks who want to think outside the hegemonic narrative of monogamy.
17. Paul Joannides (2015). [Guide to Getting It On](#). Goofy Foot Press.  
I use this book as a 101 entry level guide into anatomy and heterosexual activity. Clients find it whimsical and approachable. It is cis-, het- centered, so I tend to use it only with clients who share those social locations.
18. Kevin Patterson (2018) [Love's Not Color Blind](#)  
This book discusses non-monogamy and polyamory  
From a racial diverse perspective, highlighting how racism and colorism impact dating and relationships within Polyam communities.
19. Jessica Fern & Eve Rickert (2020) [Polysecure: Attachment, Trauma and Consensual Non Monogamy](#)  
This book has been immensely helpful with clients who identify as non-monogamous or polyamorous, who would like to understand the relationship through an attachment lens.
20. Ariane Cruz (2016) [The Color of Kink: Black Women, BDSM, and Pornography](#)  
This book has been helpful in outlining the systemic barriers to authentic representation in white dominated sexual spaces. This book has been able to put a name to some of the silenced issues that may make people of color hesitant to engage in BDSM spaces.
21. Isabella Rotman (2020) A Quick & Easy Guide to Consent
  - a. This graphic novel is a great way to offer inclusive and gender diverse conversations about consent to clients in a format they are more likely to read. It's under \$10 so its pretty accessible and the Sergeant "Yes Means Yes" is a colorful character throughout.
22. Stephen W. Porges (2011) [The Pocket Guide to the Polyvagal Theory: The Transformative Power of Feeling Safe \(Norton Series on Interpersonal Neurobiology\)](#)  
This book is great at giving you an introductory understanding of the concept and helps guide you into further articles on polyvagal theory.

## Stella Harris Recommendations

### Books

1. Girl Sex 101: A Queer Pleasure Guide For Women and Their Lovers
2. Erika Moen - The Basics
3. Meg-John Barker - Life Isn't Binary
4. Lee Harrington books on Bondage
5. Ultimate Guide to Kink: BDSM, Role Play and the Erotic Edge by Tristan Taormino and Barbara Carrellas
6. Redefining Our Relationships: Guidelines For Responsible Open Relationships by Wendy O Matik
7. Tell Me What You Want: The Science of Sexual Desire and How It Can Help You Improve Your Sex Life by Justin J. Lehmiller

## Articles

<http://stellaharris.net/author/stellaerotica/>

<https://instituteforsexuality.com/midori/>

Pfaus JG, Erickson KA, Talianakis S. Somatosensory conditioning of sexual arousal and copulatory behavior in the male rat: a model of fetish development. *Physiol Behav.* 2013 Oct 2;122:1-7. doi: 10.1016/j.physbeh.2013.08.005. Epub 2013 Aug 14. PMID: 23954746. (Rats and Lemons)

## Workshops

<https://www.shebopttheshop.com>

<http://subrosapdx.com>

<https://wickedgrounds.com>

<https://www.portlandleather.org>

<http://fetlife.com> \* for events

## Ethical Porn References (Pay for it)

<https://heyepiphora.com>

<https://crashpadseries.com>

<https://www.kink.com>

## ATTENDANCE

The success of this class depends on your attendance. Class attendance is expected and required. Any missed class time will be made up by completing extra assignments designed by the instructor. Missing more than ten percent of class time may result in failure to complete the class. This would be 4.5 hours of a 45 hour class (3 credits), 3.0 hours for a 30 hour class (2 credits) or 1.5 hours for a 15 hour class (1 credit.) In case of extreme hardship and at the discretion of the instructor, a grade of incomplete may be given for an assignment or the entire course. In such cases, the work to be submitted in order to remove the incomplete must be documented appropriately and stated deadlines met. Students are expected to be on time to class and tardiness may be seen as an absence that requires make-up work.

## NON-DISCRIMINATION POLICY/SPECIAL ASSISTANCE

Lewis & Clark College adheres to a nondiscriminatory policy with respect to employment, enrollment, and program. The College does not discriminate on the basis of race, color, creed, religion, sex, national origin, age, handicap or disability, sexual orientation, or marital status and has a firm commitment to promote the letter and spirit of all equal opportunity and civil rights laws.

## SPECIAL ASSISTANCE

If you need course adaptations or accommodations because of a disability and/or you have emergency medical information to share, please make an appointment with the instructor as soon as possible.

## COURSE REQUIREMENTS AND EVALUATION

### *Attendance and Participation (worth 10 points)*

Note: While folks have a variety of learning styles, it is still important that you attend and actively participate in class activities (including discussion of assigned reading). If speaking in class is not something that feels safe, please let me know in what ways you like to learn and participate.

### *News of the Day: Group Sexual Presentations (worth 20 points):*

Students will work in groups of two to give a short presentation in class on a sexual topic that may come up in therapy. The presentation should include how popular media (print, electronic, audio/video) treats this subject, the historical/cultural context shaping the subject, and the therapeutic relevance of the subject. Your presentation should be 20 minutes long in whatever format feels comfortable (PowerPoint, video clips & discussion) and then a discussion (5-10 minutes) with an emphasis on clinical interventions you might use. Students will provide the class with the resources they found/ developed for clinical interventions the night before the presentation using the dedicated google doc. ([See New of the Day Grading Rubric below](#)).

As part of this class, I want to prepare students for their clinical work “out in the real world.” Resources students collect for their presentations from both sections of this class will be gathered [on this shared Google Doc](#). for everyone to have after this class ends.

### *Sexual Genogram (worth 40 points – first draft 20; second draft 20):*

Arguably, one of the most important and impactful elements of therapy is the relationship cultivated between the client and therapist. This is especially true when exploring a client’s sexuality! However, in the U.S. talking openly and explicitly about sex/sexuality is often taboo, so therapists need to learn how to overcome this bias.

This assignment requires the student to practice having sexual conversation outside normative/hegemonic contexts to learn how to cultivate safe sexual rapport. Students will examine how intergenerational sexual legacies and social context may inform their ability to establish a therapeutic connection when addressing issues of sexuality. Students will be asked to explore their lived experience as it relates to biases, privileges, and oppression by doing a sexual genogram on their family (as you define it: family of choice, adopted fam., bio. fam., etc.).

The genogram assignment consists of two drafts:

#### 1. First Draft: Sexual Genogram & Identifying Interviewee

The first draft will include 1) drawing an actual genogram, 2) a narrative response to sexual history questions [from sections I & II provided below](#), 3) a section identifying who the student would like to interview for the second draft of the assignment and the reason why, and finally, 4) a list of themes and questions the student would like to address with their interviewee.

The sexual genogram is based on a modified version of [Guidelines for Sexual Genogram](#) by Couples Therapy Inc.. The specific guidelines for this assignment can be found below under, Sexual Genogram Guidelines below

Students will submit a rough draft of their genogram by **June 11<sup>th</sup>**.

After submitting the first draft, each student will have the opportunity to sit down with either Matthew or Heather and go over the material, give feedback about the assignment process, and help refine interview questions.

## 2. Second Draft, Interview & Reactions

The second draft of this assignment will focus on how the interviewing process went, new or surprising themes discovered through the interview, and an overall interpretation of the experience. Some things to consider when writing this draft:

Did you feel you were able to establish trust and ease with the person you interviewed?

If yes, can you identify how you established your connection?

If no, what prevented you from having a conversational flow?

Did you find yourself avoiding topics? Why?

How did this conversation about sexuality differ from those you normally have?

Do you think normative sexual discourses shaped how you were able to talk about sex?

Did the person you interview challenge or change your assumptions established in your first draft?

Did this experience allow you a different kind of attunement with the person you interviewed?

Students will submit a rough draft of their genogram by **July 16<sup>th</sup>**.

## COURSE DESCRIPTION FROM CATALOGUE

Recent research on sexual health issues of importance to counselors. Issues include sexual health in childhood, adolescence, adulthood, and aging; review of recent research on sexual orientation; and common sexual dysfunction experienced by rape and incest victims and modes of treatment.

## RELATED AUTHORIZATIONS

Successful completion of this course as an elective is necessary for fulfillment of degree requirements for any of the specialty areas in the Counseling Psychology Department. If chosen to fulfill elective credit, completion of this course is

## NEWS OF THE DAY GRADING RUBRIC

The presentation should include the historical/ cultural context shaping the subject, how popular media (print, electronic, audio/video) treats this subject, and the therapeutic relevance of the subject (e.g. how does this sexual subject impact interpersonal relationships?).

Your presentation should be 10 minutes in whatever format feels comfortable (PowerPoint, video clips & discussion) and then a discussion (5-10 minutes) with an emphasis on clinical interventions you might use.

**Please Note:** Students will provide the class with the resources they found/ developed for clinical interventions the night before the presentation via email.

### Grading Rubric for News of the Day - worth 20 points

	<b>Under-Developed</b> <b>(0 pts)</b>	<b>Appropriate</b> <b>(1-3 pt.)</b>	<b>Good</b> <b>(2-4 pts.)</b>	<b>Superior</b> <b>(5 pts.)</b>
Student demonstrated an understanding of the historical/				

cultural context of the topic (e.g. popular media)				
Student outlined the clinical relevance of the topic (impact on relationships, psychosomatic issues, etc.)				
Student illustrated a potential therapeutic intervention one might use in therapy				
Student provided the class with client resources related to the topic (e.g. socio-ed video clip, brochure, or online resources)				

TOTAL: \_\_\_\_\_

## GUIDELINES FOR SEXUAL GENOGRAM

Original source for this assignment: <http://couplestherapyinc.com/guidelines-sexual-genogram>

For doing a “Sexual Genogram” answer all the questions in section I and II for the paper in narrative form. There is no need to answer them in order. Feel free to answer any other questions you feel would be helpful to you in exploring your own history. The “facts” have little relevance without subjective interpretation. Therefore, be sure to include the “human” aspects of your human sexuality narrative. Connect your early life experiences with your current understanding of yourself and sexuality in general. How does it/does it not impact you today?

**For example:** “As a child, I remember ‘playing doctor’ with a neighborhood kid. We were caught naked by his mother and got in a lot of trouble!” I was left wondering how this impacted my adult attitudes towards public sex.”

**PLEASE NOTE FOR YOUR GRADE:** I understand this is a very intimate assignment for most students. You are under no obligation to share anything you are not ready to disclose.



You will not be graded on what you share, but rather, your ability to engage in a thoughtful exploration of how your sexual narrative is shaped by cultural, historical, and intergenerational factors.

Throughout the paper, ask yourself “How did this experience impact me as a child? How universal was my experience given my cultural/religious/ socioeconomic/age/family history?

If clients have similar experiences, how is it likely to impact them? How do these experiences impact my current attitudes about my sexuality or my attitudes about my clients’ sexuality? What action must I take given this?”

## **I. Early Sex History (General)**

Discuss cultural influences impacting your peer group and how you were affected.

1. How was sexuality expressed and talked about in your family as a child?
2. Did you experience conflicting messages as a child? (e.g. one from parents, churches, schools; the other from TV ads, pornography, popular culture?)
3. Attitudes about genitalia (e.g. as “dirty” etc.) or your body, and its impact on later attitudes about your body (e.g. oral sex, body image etc.)
  - a. What words were used in your family for body parts or functions?
  - b. What words do you use today?
4. What were you told about sex after marriage? Having children? How was “intercourse” referred to in your family?
5. Was nudity acceptable in the family?
6. How was privacy handled regarding toileting, bathing, etc.?
  - a. Were there differences based on gendered norms?
7. Presence of affection.
  - a. Were there differences between parents; between children based gendered norms?
  - b. Was it present at some ages and not others?
8. Attitudes about masturbation. Shameful, accepted, harmful, healthy, normal, abnormal?
9. Attitudes about the LGBTQ+/ Queer community as a whole or individuals within particular groups (e.g., different attitudes toward lesbians vs. Trans\* folks).
10. Your attitudes toward sex and sexual expression as an adolescent.
11. Your adolescent attitude toward your parents’ sexuality.
12. What role sexuality played in adolescent relationships/dating.
13. First erotic responsiveness: source, sexual experience such as orgasm.
14. Experiences talking about sexuality or sexual concerns with other adolescents or adults.
15. Expressing physical affection with friends as an adolescent.

16. Onset, age & reaction to changes in adolescence (pubic hair, breast development, voice change, rapid growth, menses etc).
  - a. Who provided information about puberty? How?
  - b. When did you receive this information?
  - c. What was the tone of the message?
  - d. Did this information happen too soon or too late?
  - e. Were you an early, late, or average developer?
  - f. What effect did this have upon your body image?
  - g. Any carryovers today?
17. When did you learn about menstruation? Wet dreams? How, when, where, what and who informed you? What effect did this have on your attitudes then and now?

## II. Sex Education:

1. What ideas did you have about sexual matters before you knew “the truth” about where babies came from and how they got here? What was your reaction when you learned “the truth?”
2. What were your sources of knowledge & age you were when learned about: pregnancy, coitus, fertilization, menstruation, venereal diseases, prostitution, contraception, abortion, male erection, gay men, lesbian women, bisexual, transgender people?
3. Parental contribution to sex education: Did either parent ever provide a discussion about “the birds and the bees”? Did you want them to?
4. Formal sex education in school: What grade? Depth? Peer reactions?
5. Books, pictures, magazines, movies about sex and your reactions to them.
6. Ever see anyone engaging in intercourse or other sex acts? Adult/child sexual contact?
7. Attitudes [your own, of parents, of partner’s] about nudity.
8. Parents attitudes about discussing sex/having sex/genitals/sex in marriage/nudity/affection.
9. As an adolescent: talking about sex; gender roles adopted, dating relationships. How did your early attitudes about being a “man” or a “woman” impact you today?
10. Who was the first person you ever thought of as sexually attractive? Why? How does this now inform you about your “lovemap” formation?
11. What tactile/sensuous pleasures did you enjoy as a child? What have you kept and discarded from those early years?

**PLEASE NOTE:** Answering the above sections I & II is all that is required for the first draft of the sexual genogram.

What follows are other important questions to ask when taking a sex history which you may include in the first or second draft if you would like:

### **III. First sexual experimentation (self-initiated):**

1. Including same/opposite sex, play doctor, playing house, exploration, comparison, games with sexual connotation, viewing animals, circle jerk.
2. Were you ever “caught” in sex play? What were the reactions? How did you respond to being “caught”? What happened to you/your playmate/the friendship?

### **IV. Sociological & Psychological Data:**

1. Memorable/tragic event in life, attitudinal influences on sexual values, self-concept, family atmosphere & show of affection, religious background. Be sure to mention “your generation” and expectations about sex.

### **V. Partners Selection**

1. “I’d like to get an idea about the kind of relationships you’ve had in the past. Do you remember the first person you were ever in a sexual relationship with (even if you didn’t have intercourse with that person?)”
2. Age range of partners, gender, comparison of age of client (e.g. a 40 year old partner at age 20 years), age preference & reasons for these preferences, social position of partners (starving students with wealthy professionals, etc), did relation involving love & affection? Percentage of approaches to rejections? Pickups (e.g. in street, park, hotel, theater, tavern, nightclub, restaurant, beach, transportation terminal, public bath, toilets, hitchhiking, other). Preference for: type, height, weight, complexion, hair, genital characteristics. Total number of partners?
3. Ask specifically if he/she was ever in love or had sex with member(s) of the same sex. Ask about whether these relationships included both long & short-term involvement.
4. Sexual patterns/problems in earlier relationships.

### **First Trauma Related Summary Question:**

“When you look back over your first (years prior to leaving home) 18 years, what would you say was the most hurtful, traumatic, damaging incident that happened to you?”

### **VI. Current Sexual Experiences: General questions:**

1. Are you satisfied with your current sex life? If not, why not?

“Satisfaction” includes issues such as:

- a. Frequency
- b. Type of sex
- c. Satisfaction with the means & intensity of orgasm
- d. Intensity of arousal level variation and novelty positions
- e. Ability to “tune out” & “tune in,” and under what conditions they do
- f. Each relationship issues, contraception & satisfaction with contraception, self-stimulation, interference of children, quality of communication, fantasy.
- g. Safe sex practices/problems.
- h. What sexual style (Mosher,1980) Sexual Trance/Partner Engager/Role Enactor.
- i. What is (are) you current sexual partner(s)?
- j. What experiences have you had with sexual styles other than your own?
- k. How profoundly engaged are you in your current preferred style?
- l. How proficient are you in practicing other styles?

Be prepared to discuss areas where the client(s) might want to improve. These may include any of the following:

- a. Nudity and feelings about their bodies
- b. Feelings about being nude with their partner
- c. Preferences for situation, place, lighting, devices, oils, lotions, etc
- d. Tactile contact (Frequency, attitude, % leading to orgasm):
- e. Duration, lip kissing, general body caressing, breast caressing (manual, oral), genital caressing (manual, oral; to partner/by partner), anal contact, flagellation on back, buttocks, genitalia
- f. Orgasm: (client and partner)
- g. Techniques, duration, multiple, frequency); behavior & feelings after orgasm, changes desired.
- h. Would the time seem wasted without orgasm?
- i. Contact after orgasm: cuddling, talking, showering, emotions, etc.

2. Are you currently active sexually with any partner? If yes:

Subjective Sense of One’s Own Involvement:

Do you feel you most often “give your best” when having sex with your partner?

Are you proud of the way you express your feelings toward your partner at this time? If not, what’s missing in your opinion? Are you happy with the way things are or would you like things to change? Do

you WANT your partner during sex or just ‘want sex’? Do you WANT to be aroused and involved sexually?

Current typical behavior with partner (or most recent significant partner):

1. Initiation:
  - a. How do you know if your partner wants sex? How do you communicate this desire yourself?
  - b. What are the consequences if you or your partner refuses? Who initiates what percentage of the time? Has it always been this way?
2. Frequency:
  - a. What is the approximate frequency of sexual activity (not limited to intercourse)? Is this ideal for you?

## **VII. Problem History:**

1. How often do you have difficulty becoming sexually aroused?

Folks with Penises

- a. How often do you have difficulty obtaining or maintaining erection?
- b. How often do you have difficulty with control of ejaculation?

Folks with Vulvas

- c. How often do you have pain or discomfort during intercourse?
- d. How often do you have difficulty being orgasmic?

### **Describe the problem:**

1. Onset: (Often clients won't link situational variables unless asked specific questions such as: What year was this? What was happening in your job? How old were your children? Where were you living at the time? Who was living with you?)
2. Circumstances (Does this happen in every context? Masturbation? Other partners? When using erotic material? When your partner isn't available?)
3. Course of Problem (Does it get better, than worse?)
  - a. What is your conception of the cause and maintenance?
  - b. What has the past treatment(s)/self-cures been?
  - c. What type of medications or alcohol/drugs do you use?
  - d. What have been the results of medical tests and lab results?
  - e. Is this the first time you've had a problem like this? What were previous times like? What are your expectations & goals?

- f. What are your partner's expectations and goals? Do they know you're here?
- g. Do they consider it a problem? Are they willing to attend therapy?
- h. How would you feel if, after therapy, you were still in the same place?

## VIII. Body Attitudes and Body Image:

1. Self-Image: Would YOU find someone like you sexually attractive?
  - a. If not, how does this impact your own sexual expression?
  - b. Does your partner tell you (verbally/non-verbally) he/she finds you attractive?
  - c. Can/do you believe them/him/her?

### Physical Data including:

General development & health; male/female genital characteristics, carriage & movement, voice, hip movement, walk, dress, make-up, interest in cross dressing, other qualities.

For those who have: testes, injury/surgery, circumcision & age of, extent of foreskin, pre-coital mucous secretion, erection: [speed, extent, presence of pulsation, feelings, thoughts, activities, situations, reactions to these], morning/night erections & frequency; chest/nipple sensitivity

For those who have: breast development, injury/surgery, clitoris & foreskin, hymen, labia, mucous, menstruation [first preparation, problems, duration, flow, cycle variation in, discussion w/ friends, attitude toward, intercourse during, vaginal odor] Orgasm: under what circumstances, physical feelings Childbirth: [length, difficulty, response to, desire for additional children, partner's response] abortions. Menopause: [symptoms, degree of distress, hormone replacement]

Attitude toward partner about above.

### Self-Stimulation/Pleasuring (Masturbation)

Through fantasy/dreams/partner; first genital feelings; ages involved, sources of learning [reading, conversation, observation, participation, self-discovery, frequency at each age]

Folks who identify as men--techniques (Lubricant, manual, frictional, oral, special devices, urethral insertions, vibrator)

Folks who identify as women--techniques (Lubricant, clitoral; around/direct, vaginal, manual, frictional, oral, special devices, urethral insertions)

Preferences for time, place, situation, manner

Imagery used, Always have orgasm? Time required? Current frequency?

Subject's evaluation (conflict/fear, rejection, source of resolution of conflict?)

Is masturbation "self pleasuring" or something else? (Physical release, self pushing etc)

## **IX. Other Sexual Experiences**

group sex activities; experiences with prostitutes; phone sex; cyber-sex; contact with animals; any other important information

## **X. Extramarital: spouse's knowledge of (effect on marriage); desire for further experience(s)**

## **XI. Post-marital experiences**

Second Trauma Related Summary Question:

"In looking over your entire sexual history, what would you say was the most hurtful, traumatic, damaging incident that happened to you?"

Summarize History

What questions or problems related to sexuality you would like to discuss?

## **SCHEDULE (the following outline is subject to change)**

May 21, 2021 Welcome to CPSY 565

### **5:30-6:30 Introductions**

Matthew & Heather intro!

Class Structure, Expectations, and Approach

Meeting you!

### **6:40-7:20 Review Syllabus**

How will you be graded

How would you like to be graded

How do we meet in the middle

### **7:20-8:30 Practical Matters**

Assign Presentation Groups  
Assign Small Reading Groups

## May 28, 2021 A Systems Approach to Sexuality & Sex Therapy

### 1:00 - 1:30 Small Reading Group Discussion

In Groups Discuss the following Questions:

1. How does circular causality relate to sexual pleasure?
2. How can circular causality be used to map sexual interactions?

### 1:30 - 2:00 Large Group Discussion

### 2:10 - 3:10 Lecture - A Systems approach

### 3:20 - 4:00 Lecture Cont.

#### READINGS:

1. [Come As You Are](#) by Emily Nagoski (PDF)

(Content Warning for Reading #3: [binary & essentialist language](#), [possible dysphoria trigger](#).) *Come as You Are* uses binary and essentialist language when discussing human anatomy. I'm including this reading to discuss how discourses about the body and gender have changed; this book was considered radical in 2015. Please note the author's use of the principle of homology.)

2. [Chapter One: General Systems Theory](#) By Michael D. Reiter from *Family Therapy An Introduction to Process, Practice and Theory* (2020)
3. Green and Douglas, *Quickies: The Handbook of Brief Sex Therapy* (Third Edition)
  - a. Please read chapters 1 (Pp. 1-45)
4. Kleinplatz, Peggy J. (2020) *Magnificent sex: lessons from extraordinary lovers*
  - a. Please read introduction and chapters 1-3 (Pp. 1-60)

#### Extra Resources

1. [Joanne H. Alexander, et. al. \(2018\) Genograms in research: participants' reflections of the genogram process](#)
2. [Allan Edward Barsky \(2020\) Sexuality- and Gender-Inclusive Genograms: Avoiding Heteronormativity and Cisnormativity](#)
3. [Mosgaard J., Sesma-Vazquez M. \(2019\) Postmodern Approaches in the Use of Genograms. In: Lebow J.L., Chambers A.L., Breunlin D.C. \(eds\) Encyclopedia of Couple and Family Therapy. Springer, Cham.](#)

## June 4, 2021 Sexual Communication & Family Systems—Embodying Pleasure

**1:00 – 1:30: Small Groups**

**1:30 – 2:30 Lecture Sexual Communication & Mapping Eroticism**

**2:45 – 4:00 Breakout Skills**



## READINGS:

1. Constantinides et. al. (2019) *Sex Therapy with Erotically Marginalized Client*.
  - a. Please read chapter 1-2 (Pp. 1-39)
2. Kleinplatz, Peggy J. (2020) *Magnificent sex: lessons from extraordinary lovers*
  - a. Please read chapters 4 through 7 (Pp. 61-104)
3. Green and Douglas, *Quickies: The Handbook of Brief Sex Therapy (Third Edition)*
  - a. Please read intro and chapter 2 (Pp. 46-69)

## Vignette:

*Alex 34, is a nonbinary white person (they/them), and Xavier 47, is a Latino cisgender man (he/him) who have recently relocated and moved into a new home together. The couple has been together for 4 and half years and report having a “fun and loving relationship” until recently.*

*Xavier reports feeling like their relationship is in a downturn as the couple have been having less sex since their move. Xavier reports being worried that Alex is becoming less interested in him due to Xavier’s lack of initiation.*

*Alex reports their sexual activity as being “routine” but is interested in “shaking things up”. The couple have sought out therapy to discuss the possibility opening up the relationship.*

## June 11 , 2021 Sex Therapy & Situated Context

**\*\* GENOGRAM FIRST DRAFT DUE \*\***

**5:30 – 6:00: News of the Day**

**6:10 - 6:40: Small Group Discussion about Genogram Experience**

**7:00 – 8:30: Lecture**

## READINGS:

1. Constantinides et. al. (2019) *Sex Therapy with Erotically Marginalized Client*.
  - a. Please read chapter 3 (Pp. 40-62)
2. Green and Douglas, *Quickies: The Handbook of Brief Sex Therapy (Third Edition)*
  - a. Please read intro and chapter 3 (Pp. 70-98)
3. Kleinplatz, Peggy J. (2020) *Magnificent sex: lessons from extraordinary lovers*
  - a. Please read chapters 8 through 12 (Pp. 105-152)

## June 18 , 2021 Sexual Functioning—Hegemonic Discourses

**1:00 - 1:30: News of the Day**

**1:30 - 2:30: Role Play - Heather’s Vignette**

**2:45 - 4:00: Lecture**

## READINGS:

1. Green and Douglas, *Quickies: The Handbook of Brief Sex Therapy (Third Edition)*
  - a. Please read chapter 4 (Pp. 99-114)
2. Constantinides et. al. (2019) *Sex Therapy with Erotically Marginalized Client*.
  - b. Please read chapter 4 (p. 63-84)

## June 25, 2021 Sexual Functioning—Hegemonic Discourses

**5:30 – 6:30: Guest Speaker:** Jennifer White

**6:50 - 7:20: News of the Day**

**7:30 – 8:30: Lecture**

**(Content/Trigger Warning for Guest Speaker: [incest and childhood molestation will be described](#))**

As a class, we will watch the story Jen told at the sexual storytelling show, [The Mystery Box](#). Afterward, students will have the opportunity to ask Jen questions about their story. Jen would like students to frame their questions as actual therapists. Think of Jen as a potential client. What do you want to know? How would you engage them as a therapist?

Jen has a background in conflict resolution, systemic approaches to community health, and loves Narrative theory! Do not be afraid to ask the questions—especially because you have the option for submitting anonymous questions using [Slido](#) – password: N082

### READINGS:

1. Green and Douglas, Quickies: The Handbook of Brief Sex Therapy (Third Edition)
  - a. Please read **TBA**
2. Constantinides et. al. (2019) *Sex Therapy with Erotically Marginalized Client*
  - a. Please read chapter 5 (Pp. 116-137)
3. Kleinplatz, Peggy J. (2020) Magnificent sex: lessons from extraordinary lovers
  - a. Please read chapters 13 through 14 (Pp. 154-186) Please read chapter 4 (Pp. 85-153)

## July 2, 2021 Sexual Fantasies and More

**5:30 – 6:00: News of the Day**

**6:10 - 7:30: Lecture**

**7:40 – 8:30: Small Group Discussion & Role Play**

### READINGS:

1. Constantinides et. al. (2019) *Sex Therapy with Erotically Marginalized Client*.
  - a. Please read chapter 6 (Pp. 116-137)

## July 9, 2021 TBD

**5:30 – 6:00: News of the Day**

**6:10 - 7:30: Lecture**

**7:40 – 8:30: Small Group Discussion & Role Play**

### READINGS:

1. Constantinides et. al. (2019) *Sex Therapy with Erotically Marginalized Client*.
  - a. Please read chapter 7 (Pp. 138-167)
2. Green and Douglas, Quickies: The Handbook of Brief Sex Therapy (Third Edition)

- a. Please read chapter 6 (Pp. 141-156)
- b. Please read chapter 7 (Pp. 157-174)

July 16, 2021 TBD

**\*\* GENOGRAM FINAL DRAFT DUE \*\***

- 5:30 – 6:00: News of the Day**  
**6:10 - 7:30: Lecture**  
**7:40 – 8:30: Small Group Discussion & Role Play**

Dr. Madeleine Tosonturner specializes in pelvic floor therapy. She will have the class do an exercise locating the muscles involved, what therapy looks like, and presenting cases in which this therapy is indicated. Madeleine will be a great referral sources for those of you who need to send future clients with pain sex disorders to someone.

### **READINGS**

1. Constantinides et. al. (2019) Sex Therapy with Erotically Marginalized Client.
  - a. Please read chapter 8 (Pp. 169-188)
2. Green and Douglas, Quickies: The Handbook of Brief Sex Therapy (Third Edition)
  - a. Please read chapter 8 (Pp. 175-195)
  - b. Please read chapter 9 (Pp. 196-215)

July 23, 2021 TBD

- 5:30 – 6:00: News of the Day**  
**6:10 - 7:30: Lecture**  
**7:40 – 8:30: Small Group Discussion & Role Play**

### **READINGS:**

1. Constantinides et. al. (2019) Sex Therapy with Erotically Marginalized Client.
  - a. Please read chapter 9 (Pp. 189-212)
2. Green and Douglas, Quickies: The Handbook of Brief Sex Therapy (Third Edition)
  - a. Please read **TBA**