

**Human Sexuality as a Core Component in Counselor Education**

**Abstract**

The exclusion of human sexuality as a core component in counselor education training programs is a disservice to counseling practitioners and the community served. Few programs include human sexuality core courses. Without nationwide guidelines, human sexuality training is lacking in most programs. Human sexuality directly affects life satisfaction for many individuals and could be improved by professional counselors being prepared to engage the topic without shame and embarrassment and being equipped with evidence-based information.

*Key Words:* human sexuality, professional counselor, core component, equipped, prepared

### **Human Sexuality as a Core Component in Counselor Education**

Human sexuality is a component of human existence that plays a substantial factor in who a person is and will likely affect the overall capacity of the lived experience of every person (Sanabria & Murray, 2018). Stephenson and Meston (2013) pointed to sexual satisfaction as being a higher determiner of life satisfaction independent of other external relationship factors. Counselors in training need human sexuality courses to avoid the likelihood of being embarrassed by the topic of sexuality or not being equipped to discuss the matter generally (Haboubi & Lincoln 2003). A concern shared by Bradley and Fine (2009) stated that mental health workers who are not well prepared regarding human sexuality are less likely to broach sexual health and by default are leaving their clients with little choice but to turn to medical or pharmaceutical remedies. Counselor Education programs need to assist future counselors to be well equipped to counsel from a holistic perspective and human sexuality, which has been sparsely included in counselor education programs should not be excluded (Zeglin et al. 2019).

When sexuality courses are offered, they are often electives rather than core courses that are required (Mollen et al., 2020). Mollen et al. (2020) conclude their research encouraging further exploration of the inclusion of sexuality courses and for sexuality training to be included in accreditation standards. The hope of this work is to make clear the need to include human sexuality as core curriculum requirements in all master's level counselor education programs and spur the field of professional counseling to action. Sanabria and Murray (2018) have introduced the idea of not only having a stand-alone human sexuality course, but to also spread a hint of sexuality counseling techniques throughout most of the curriculum to best equip students for the variety of sexual needs that may come up throughout their professional career.

Through the use of insights from the American Association of Sexuality Educators, Counselors, and Therapists (AASECT), Zeglin et al. (2017) point to 10 domains they believe should be core areas for counselors in training that represent “the sexuality-related topics, models, and information with which counselors should be familiar: (a) ethical/professional behavior, (b) history and systems, (c) anatomy/physiology, (d) sexual identity, (e) sexual development, (f) intimacy and interpersonal relationships, (g) pleasure and sexual lifestyles, (h) sexual functioning, (i) health/medical factors, and (j) sexual exploitation.” Zeglin et al. (2019) researched the articles regarding sex and helped their readers to be made aware that the sphere of topics helping to educate the counseling profession regarding human sexuality is too narrow and needs to be diversified into other aspects that reflect all the ten areas just listed.

Council for the Accreditation of Counseling Education and Related Educational Programs (CACREP, 2015) makes clear the need for the inclusion of human sexuality as a core component in counselor education programs. In the context of “Foundational Counseling Curriculum” as a standard that must be demonstrated as being met by counselor education programs, under the lifespan development section, 3.C.9. “the role of sexual development and sexuality related to overall wellness” (CACREP, 2015, p. 12-13). This content must be included in counselor education programs to adequately meet this standard. Throughout this writing, the ways human sexuality is active in the lives of most humans as a meaningful determinant of life satisfaction will be displayed to help the readers to draw their conclusion regarding the need to include human sexuality in counselor education programs.

### **Literature Review**

I began my review with a search of data bases which were linked to many key search tools (e.g., APA Psyc; Books, Articles, Tests, Extra, Info, Therapy). I used search terms to assist

in locating pertinent information (e.g., human sexuality in counseling education; polyamorous relationship longevity; polyamorous relationships; sexual trauma training in counseling; monogamous heterosexual sex; human sexuality in counseling education; human sexuality counseling skills; "Counselor education and supervision" Sex; "Counselor Education and Supervision Journal"; (heterosexual couple or married) AND (cheating or infidelity); sexual dysfunction counseling). These search terms helped provide the breath of information needed to provide evidence pointing towards the need to include human sexuality core courses in counselor education programs.

### **Human Sexuality Effects on Relationship and Individual Satisfaction**

In this presentation of the literature, it seems pertinent to consider the effects that human sexuality may have on relationships and an individual's life satisfaction. Sexual satisfaction figures prominently in relationship satisfaction and personal well-being (Walker & Lutmer 2024). Matthews et al. (2018) found that sexual novelty (e.g., keeping sexuality fresh, alive, interesting, spontaneous) helps improve both sexual and relationship satisfaction. De Oliveira et al.'s (2024) research pointed to addressing "sexual boredom" and the "lack of sexual stimulation" in promoting sexual and relationship satisfaction. According to Sanabria and Murray (2018), intensive therapy should be a key component in counseling clients with sexual issues that includes a focus on sex generally, relationships, mental health, and sexuality aspects that are more in depth.

Stephenson and Meston's (2013) work regarding the association between sexual well-being and life satisfaction pointed to sexual distress as having a larger overall effect on life satisfaction than did their attachment style or the general satisfaction of their relationship. Their findings are indicative of the importance of evaluating a person's sex life because it could be a

key to unlocking, or at least promoting, life satisfaction even amid other life encumbrances.

Human sexuality is a crucial dynamic in the counseling relationship to help a person achieve a better state of well-being. There are many missed opportunities to affect real improvement in clients due to the lack of human sexuality training in counselor education programs. Practitioners who desire training in human sexuality are having to try to find resources to supplement their academic educational training (Stephenson & Meston, 2013).

### **Inconsistent Inclusion of Human Sexuality Courses in Counselor Training Programs**

The lack of human sexuality training in counselor educator programs being highlighted is viewed by Cruz et al. (2017) as being significant enough to write about the need to implement sex positivity in counselor education programs in light of 60% of practitioners never or rarely discussing sexual health with their clients. Failing to include sexual health with clients can be viewed as reinforcing negative schemas regarding sexuality (Cruz et al. 2017). Miller and Byers (2008) put forward the idea that if students do not develop self-confidence with sexuality related tool to help their clients with confidence, they are likely to avoid the topic in their professional career. Miller and Byers (2009) said the gap in the training in sex education is also not being filled by continuing education courses and further explains why counselors are not asking or addressing sexual issues with their clients.

This lack of sexuality education may be the reason why of 105 clinicians, only 21% of those surveyed had asked their clients about sexual issues in the four weeks prior to the study and 20% had not asked a single person about their sexual health in the prior four-week period (Miller & Brers 2009). Dermer and Bachenberg (2015) conducted research and found that in 2007, only 8% of the 537 counseling programs that were located at 221 different universities required a course in sexuality. Their current research indicated that over the eight-year period

(2007-2015) the numbers had not changed. Dermer and Bachenberg (2015) said that mental health workers should have sexuality courses where their training is put into action with supervision to ensure future counselors' skills are well developed, are able to be put into action appropriately, and are ready for promoting healthy sexuality with their future clients.

Another clear gap is in the articles that were published between 2007-2017 in *The Journal of Counseling & Development*, *The Journal of Multicultural Counseling and Development*, and *Counselor Education and Supervision*, which had included the root word sex in the titles. Many were eliminated for being a passive occurrence (e.g., list like sex, race, gender) and narrowed 487 articles to 73. Zeglin (2019) did a review of the 73 articles and found that 46 % covered sexual identity, 0% on anatomy and physiology, 7% on sexual development, 12% intimacy and interpersonal relationships, 2% pleasure/sexual lifestyle, 0% sexual functioning, 5% health and medical factors, 9% Sexual Exploitation, 11% ethical/ professional behaviors and 5% history and systems (numbers are approximates taken from figure 1 on pg. 60). There is a great need for good human sexuality articles (generally and certainly articles that go beyond sexual identity) to supplement the gap in counselor education requirements.

Mollen (2020) looked at 38 psychology programs (with 71% of respondents being program directors and 55.3% having a tenure of 10 years or more with only 7.9% being less than 2 years) and determined that 26.3% of those surveyed had a human sexuality course in their graduate program. Of these only 22.2% said the course were required, meaning 77.8 % were only offered as electives. This research indicated that approximately 73% of the programs did not offer any type of human sexuality course. Only 7.9% of the respondents were currently teaching a human sexuality course. These percentages help to make clear the short fall in the teaching of human sexuality in training programs. How can the training of counselor trainees be

complete without being taught aspects regarding human sexuality that is such a critical part of a human life well lived? Zeglin et al. (2017) encourages the proficiency of human sexuality among counselors in training. Adequate training is an essential component to overcoming the felt need of practitioners to refer due to a perception of the need to be a sex specialist (sex therapist) and therefore must refer. Always referring may increase the perception of human sexuality as being a taboo subject that is to be avoided (Sanabria & Murray, 2018).

### **Standards for the Counseling Profession**

When the attention is shined on CACREP, it becomes distinct that their standards have some things to say about a counselor's role in addressing human sexuality and the need for training. When looking at the broad section indicators in CACREP (2024) Section 3 (gives guidance for the foundational counseling curriculum), CACREP 3.B (speaks to the social and cultural identities and experiences) we can see more specific dynamics that address the need for counselor education programs to include human sexuality training (i.e., CACREP 3.B.2, 3, 5, 6, 9, & 11 clarify that this discussion in counselor education cares about (2) attitudes values, beliefs, worldview, (5) effects on stereotypes, (6) socio-cultural influence and cultural values (9) identifying and eliminating barriers, (11) role of religion and spirituality and most specifically CACREP 3.C.9. the role of sexual development and sexuality related to overall wellness (CACREP, 2015, p. 12-13).

The ACA Code of Ethics (2014) has a few areas to contribute to the need for teaching human sexuality due to the immense effect it has on relationships. Section C has an introduction that says, "Counselors aspire to open, honest, and accurate communication in dealing with the public and other professionals...within the boundaries of professional and personal competence...advocate and promote change for individuals...that improves quality of

life...engage in counseling practice that are based on rigorous research methodologies...” (American Counseling Association, 2014, pg. 8). Consider another area “Boundaries of Competence” telling counselors to only practice where they have been trained and are well prepared to benefit their clients (American Counseling Association, 2014, C.2.a., pg. 8). Many other areas could be mentioned from consulting with other professionals to continuing education, but the ACA Code of Ethics points the field, through the implications of their guidance, towards the need for the inclusion of human sexuality as a core component in counselor education programs.

### **Human Sexuality is Encountered in Many Ways**

As the evidence is making it more apparent, including human sexuality courses in the counselor education curriculum is a real need. Students need to be exposed to real world variations of life and how it is lived out holistically (Cruz et al., 2017). In the pursuit of taking a holistic approach to client care, an article in the *Journal of Interprofessional Care*, Penwell-Waines et al. (2014) stated the need for interprofessional education so clinicians of all flavors (medical and mental health) in the helping fields will be aware of other areas of a person’s health that may be affecting an individual’s sexual health. This same principle applies to counselor education programs (mental health) to equip counselors with general knowledge of other areas of expertise (i.e. human sexuality) to know when it is appropriate to seek additional consultation or refer to help the client achieve enjoyment and confidence in their sexuality. Penwell-Waines et al. (2014) further state that students need a developed understanding in the “multiple determinants of sexual health and sexual dysfunction” and the multiplicity of variables that affect sexuality (e.g., environmental, mental, physical) (pg. 321). A nearly unbelievable idea is that urologist often do not feel adequately prepared to discuss sexuality or are concerned it may open

a Pandora's box requiring more time needed to discuss than is typically available in a clinical setting. This is distressing because urologists' work is critically connected to the physical functioning of sex organs (Whittmann et al. 2021). Just as it should be expected that the urologist should look beyond the physiological, counselors should be expected and trained to look beyond the psychological and consider the holistic variables that may be present in the clients reporting sexual struggles.

This journey to include human sexuality training in counselor education programs should be inclusive of human sexuality paradigms that manifest in both positive and negative ways in the lives of clients who are seeking out a competent counselor who will be effective helpers regarding their human sexuality needs (Sanabria & Murray, 2018). In consideration of the need to make human sexuality training a core requirement of counselor education programs, the discussion will briefly cover some of the following areas; sexual trauma (e.g., rape, sex trafficking victims), sexual fetishes (e.g. consensual non-monogamy), monogamous heteronormative sexual issues (e.g., unfaithfulness, lack of desire or hyper desire by one or both partners, control issues, sexually transmitted diseases, sexual compulsion, sexual dysfunction, and potential values based concerns that may limit freedom to enjoy sex (e.g., purity culture—sex is dirty)). Some of these areas covered may not typically be included in a discussion of human sexuality but have direct effects and therefore have been included here for consideration of applicability as counselor educators ponder the value of including human sexuality core courses in their individual programs and advocate for the establishment of national guidelines for core curriculum to include human sexuality course requirements.

### ***Sexual Traumas***

An area counselors in training need to be aware of is the area of sexual traumas (Interiano-Shiverdecker et al., 2023). Traumas of all types are despicable, and it would be such a blessing if they never occurred! Sexual traumas are often perpetrated by people that are trusted and endeared by the very people they hurt (Mukhlisiana et al. 2024). Mukhlisiana et al. (2024) and Interiano-Shiverdecker et al., (2023) stated that counselors who work with youth who have experienced sexual traumas need to be trained with appropriate skills to communicate well with age appropriate and non-intimidating techniques (i.e., use of easily understood language, appropriate word choices, tone of voice, behavior, and readiness to receive feedback from youth in any situation). Counselor training in human sexuality with a trauma component would allow future counselors an opportunity to have thought through potential reactions before being presented with sexual traumas by a client (Sanabria & Murray, 2018). A person should be angry and want to take action to promote change, however, a counselor becoming angry or saddened to the point of despondency will not be helpful for their client who has come to them for help.

Interiano-Shiverdecker et al. (2023) in their discussion about the lack of preparedness of counselors to deal with survivors of sex-trafficking came up with 128 child sex trafficking competencies that they “organized into five domains: (a) *intervention strategies and the helping relationship*, (b) *trauma and sex trafficking*, (c) *assessment of risk factors and indicators*, (d) *ethical practice*, and (e) *cultural diversity and human growth and development*” (pg. 1397-1398). This group experiences numerous traumatic events such as rape, torture, kidnapping, and severe psychological, emotional, and physical abuse. Litam (2019) talked about the benefit their research pointed to which is the inclusion of human trafficking and sex trafficking topics in counselor education programs to help lessen stigmas often associated with the terms. Counselors are in a special role where they can “provide corrective relational experiences characterized by

the nonjudgmental acceptance, support and affirmation desperately needed by this population” who has experienced sexual traumas (Litam, 2017, pg. 56). Those who have been victims of sex trafficking often feel they are alone by having experienced this sick tragedy of humanity, yet they deserve having a counselor who will sit with them and help them to work through areas of potential shame, develop trust with others, understand that they are indeed a part of a victim group (they are not alone) to help them begin to open up to experiencing life in a more positive light (Litam, 2017). Though sexual traumas and trafficking are not typically considered an aspect in human sexuality thoughts, these will affect sexuality experiences and thus being exposed to these negative domains of human sexuality is prudent for counselors in training.

### ***Consensual and Non-Consensual Non-Monogamy***

Another area counseling students would be benefitted to be made aware of regarding human sexuality is those who are living with a consensual non-monogamy (CNM) agreement (e.g., polyamorous arrangement (a sexually open arrangement where there is often a primary and secondary relationships with some indicating all are equal in relational status (Balzarini et al., 2017); Tatum et al. (2024) refer to these as hierarchical verses nonhierarchical). Sanabria and Murray (2018) stated that “by infusing sexuality in the counseling curriculum, students would (a) be able to examine their biases regarding sexuality, (b) gain knowledge of various sexual issues impacting their clients, (c) further explore their owns sexuality, and (d) adopt culturally appropriate counseling interventions” (pg. 192). A critical need is for counselors to know their biases to provide services with topics such as sex and sexuality in a helpful and ethical manor (Cruz et al., 2017). Mollen et al. (2020) pointed clinicians to continuing education and attending group consultation meetings with peers as a method of managing personal biases.

Regarding the polyamorous arrangement, Balzarini et al. (2017) shared that there appears to be a significant difference in the primary relationship than with the secondary relationship (often the secondary being a more sexual relationship). Tatum et al. (2024) shared that those who participated in their research had reasons revolving around an attempt to salvage their struggling marriages as reasons for trying out polyamory. They went on to say some of the respondents indicated the relationship that prompted the exploration ended, but they themselves continued in the lifestyle, while others who tried polyamory reported being thrilled with the decision and still are actively engaged in polyamory together. Another point made by Tatum et al. (2024) stated the various research studies regarding polyamory engaged almost exclusively white participants. Their work did not make clear if polyamory is indeed a primarily white endeavor or if their sampling pool only used predominantly white participants and other cultural groups are engaged in polyamorous activities as well or if other cultural groups continue to view polyamory as being taboo.

Sandbakken et al. (2022) put forward the concept that the public needs to be better educated to avoid the stresses put on the non-monogamous lifestyle choices of others. Sandbakken et al. (2022) pointed out that a potential stressor for those practicing polyamory is being generically lumped in with polygamy, swingers, and cheaters when they consider themselves as being in a committed relationship that happens to break the mono-normative status quo. Consensual non-monogamy (CNM) couples often have agreements regarding what constitutes being unfaithful to their partner. Walker (2019) discussed the desire of some to “Have Their Cake and Eat It, Too” by allowing sexual freedom to participate in sexual experiences outside of the primary relationship without the consequences of infidelity. Walker (2019) discussed CNM relationships as a valid cohabitation agreement that can work according to their

research. Walker (2019) also covered the sexual needs being met through unsanctioned, extra-relational sexual escapades while maintaining the appearances of a heteronormative spousal arrangement. Walker's (2019) study stated that because of the stigma and hardships created through divorce (e.g., financial, custody), some will maintain the appearance of relational stability with the primary relationship while having unsanctioned sexual escapades with others to fulfill their sexual desires, unknown or approved of by their committed partner, while also believing they are not violating their primary relational commitment.

One additional note by Walker (2019) is the act of seeking a sexual hookup through a dating site designed specifically for married couple looking for extramarital flings. Walker (2019) used information gathered through the Ashley Madison (online website to connect those seeking to have an affair) and found it was primarily used by white middle-class males. The information gathered through Ashley Madison indicated that many of these were not simply seeking sex but were seeking to fill an emotional short fall in their lives through the encounters. In Varma et al. (2023) they found that the participants in their study were more apt to commit adultery as a stopgap when in a toxic relationship, influenced by life circumstances (e.g., long distance, being intoxicated), where Walker (2019) indicated an opposite depiction of participating in outside partnership encounters and said they were likely when their primary relationship is going well. Where it has been the traditional norm for couples to view their commitment to one another as being exclusive in all aspects (e.g., sexual, emotional), some who claim to alignment with such a stance find they wonder outside of the couple's agreement to fidelity (Varma et al., 2023). In light of Gallup's latest poll of 14,000 U.S. adults by phone surveys in 2024 demonstrating 85.7% of respondents identified as heterosexual (Jones, 2025), exposure to these non-traditional relational arrangements in counselor education programs may

prevent future counselors from being surprised when clients who are practicing one of these arrangements comes into their office for counseling.

### ***Monogamous Heterosexual Relationships***

Counselors in training would also benefit from being exposed to issues that are commonly associated with monogamous heterosexual relationships that affect their sexual enjoyment. Nield et al. (2015) shared that there was a higher prevalence of risky behaviors from the women they studied who report their sexual encounters as having been discordant (e.g., sexually transmitted diseases, drug use, sex for drugs or money, sex with high risk male partners) and found the concordant women had fewer issues with their less risky sexual proclivities. Nield et al. (2015) went on to mention that the definition of what constitutes having sex is narrowing to the penis penetrating the vagina while considering acts such as oral sex to be more casual and having a lower risk level. This is thought to be so because of the heavy push of sex education programs to prevent unwanted pregnancies failed to take a well-rounded approach leaving individuals to make invalid conclusions (e.g., no chance of pregnancy equals safe sex).

This lead naturally to a brief conversation regarding the use or nonuse of condoms. Parkes et al., (2007) did research that showed a higher prevalence of non-condom use among teens ages 14-16 when they were drunk or high at the point of sexual intercourse. Latka et al. (2000) indicated educating partners about the availability of male and female condoms helped to improve the use of condoms in a significant manor from baseline to 2 weeks, 4 months, and 6 months follow-up reporting. This should help make the case for better sex education generally and for counselors to be well trained and equipped through their counselor education to have informed conversations with their clients regarding the risk being taken through various acts mistakenly, thought by some to be less risky or even safe.

Another area of monogamous heterosexual sexual encounters is to develop a better understanding of sexual orgasms and ways this is hindered or improved. Bhat and Shastry (2020) did research regarding female orgasm for those reporting as being in monogamous heterosexual relationships. They had a sample size of 645 women from across the world and determined the average time to orgasm is 13.41 minutes which is shortened when you include additional stimulation (e.g., nipple stimulation). Another finding is that women reach orgasm quicker when their vagina is wet, whether from lubricant or due to being stimulated. These are areas of sexual health and relationship satisfaction that may be understood as causation of outcomes that are typically considered to be desirable and need to be better understood by those who are professional counselors.

De Oliveira et al.'s (2024) work indicated that when a couple becomes bored with routine sexual encounters it affects both sexual desire and overall relationship satisfaction. Think about preparing your counseling students to be in a counseling session and helping a couple to consider ideas to spice up their sexual experiences with the introduction of variety and spontaneity with their partner to help improve their sexual vigor and zeal. The introduction of variety and spontaneity is a simple adjustment, though often overlooked, but seems obvious once introduced. Zorn et al. (2022), put forward the need to test the creativity in the place, setting, or position of a couple's sexual encounters to see if these would influence the sexual frequency and satisfaction levels reported. Matthews et al. (2018) also conclude that combating sexual boredom, such as using sexual novelty, can be important to ensuring happy and healthy relationships. Herbenick et al. (2014) did a survey of 179 with 136 supplied answers regarding various ways they tried to get sexual desires back on track (e.g., Communication (39%); unresolved (18.4%); try to respect/meet partner's needs (14%); have sex anyway (12.5%); patience/let time work it out

(11.8%); flirtatious/take time to get the other in the mood (10.3%); compromise (9.6%); start and then get aroused (8.8%); masturbation (8.1%); respect lack of interest/do not have sex (7.4%); focus on emotional needs/ work on relationship (5.9%); try new things (5.1%); set a goal/ set frequency goals (5.1%); cuddling/physically close without sex (3.7%); have oral sex (3.7).

Studies like these being introduced in counselor education programs could point future mental health workers to be better equipped with techniques, practices, and confidence that may improve the sexual experiences of their clients, while simultaneously improving their clients' overall life satisfaction.

### ***Sexual Dysfunction***

It goes without saying that there are a variety of sexual dysfunctions in individuals that can be helped through the counseling relationship if the practitioner is trained appropriately to be an adequate helper when these issues arise. Santos Silva (2022) discusses menopausal sexual dysfunction and the drastic effects it can have on a women's sexual desire and function due to physiological changes that occur during this period. Some of these issues can be improved, in many cases, by using a "holistic approach" that not only involves the client's medical helpers, but also utilizing Cognitive Behavioral Therapy, Mindfulness, and cognitive restructuring (Santos Silva 2022). With the right training, counselors can be equipped to come along side of these ladies and their partners to help them to consider ways to work through the changes and continue to enjoy the pleasure of sexuality as they age.

Sexual difficulties of women with diabetes can be an issue that is not well known. Sulastri & Permana (2023) write about this with a specific focus on diabetes mellitus type II with sexual diffusion. They state that sexual dysfunction can cause pain and lack of interest in intercourse with their partner and thus leading to feelings of guilt. To further complicate the

matter, they indicate this leads to strife in the home which then is a contributing factor leading to depression, low self-esteem and body image concerns. Sulastri and Perma (2023) did a qualitative study with eight women with diabetes mellitus. Participant 8 said, “I feel guilty because I cannot serve my husband with satisfaction...but if we are healthy, we can serve well, with mutual satisfaction.” This lady was suffering from sexual dysfunction because of physiological issues that arose due to diabetes mellitus.

The authors go on to suggest that the feeling of guilt could be lessened by “a mutual understanding between the partners and support for treatment so that the wife does not feel guilty and fearful about her household” (Sulastri & Permana 2023). It would seem plausible that a counselor could help a couple to achieve this very outcome. Abdelkhaliek et al. (2024) found that of the 25 (from the group of 178) that were self-identified as having sexual dysfunction for at least one year, there was significant pre-intervention (92.7 % with SD) and post-intervention (55.1% with SD) difference using the PLISSIT model to help assist in relieving some of the sexual dysfunction that had occurred because of diabetic issues. “The PLISSIT model were given on an individual basis, which include Permission (P), Limited Information (LI), Specific Suggestions (SS), and Intensive Therapy (IT)” (Abdelkhaliek et al. 2024). These two types of sexual dysfunction should demonstrate the need for counselors in training to be prepared to meet the sexual needs of their future clients.

## **Discussion**

This effort has been to make clear the various ways human sexuality can be experienced throughout the human life span that are both negative and positive. There are variations of human sexuality that would likely benefit society if it had never been thought of or practiced. The question arises; Who gets to decide? Throughout this writing there have been many

variations of human sexuality that would benefit counselors in training to be exposed to so they will have had ample opportunity to decide how to react or respond. A counselor who is very free thinking and sees sex as a feat to be conquered (no limitations sexually) may need to consider how they will respond to the person who struggles to be having sex period, or if they do, it only involves missionary style with the lights off. Likewise, the extremely conservative counselor with a very limited sexual repertoire need not become a sexual savant but should take the time to figure out what they will do when the polyamorous family walks into their office for counseling.

Adequate training is a necessity to ensure that instructors are not ashamed or embarrassed to cover sexuality and that they are not espousing antidotal ideas that “further pathologize otherwise healthy sexuality” (Sanabria & Murray, 2018). The question becomes what is “anecdotal” and what is fact and whose truth will programs adhere to because two things cannot be opposites and both be accurate. Through the readings to prepare for this work, it became apparent there are some contradictory ideas afloat under the heading of human sexuality. How will a counselor education program balance varying views with other perspectives (e.g., feminist theory and LGBTQ philosophies vs. Christian, Jewish, and faith-based philosophies). For some institutions of higher education, this will be answered according to the universities statement of faith or the guiding principles associated with institutional values, where other institutions may leave it up to the individual instructors or the politics of the campus faculty.

There are many areas not often considered under the heading of human sexuality included in this writing. The attempt was to open the conversation to explore all aspects that affect human sexuality. Furthermore, the implications skirt the edges of what would fall under the specialization of being a sex therapist. Counselor education should expose students to all aspects with an emphasis on what is appropriate for their basic licensure and what will either

need further training or when it is time to refer to a counselor who has undergone the appropriate training. The intent of this writing has been to spur the field to expand our competencies so your students can be most beneficial to their future clients.

### **Future Research**

Future research needs to help to establish areas of focus that would be the best use of time for when human sexuality is added to counselor education programs. The impact of various modalities to affect helping clients to move towards their preferred future sexual desires should also be studied. Where is the line between helping from a general practitioner whose program does include human sexuality and the need to refer to someone who specializes in sex therapy? As human sexuality becomes implemented into more programs, further questions will become more apparent and should spur the field of professional counseling to lead in the pursuit of best practices to improve the sexual health of clients with an eye on overarching improvements in their lives as well.

More research needs to be done to discover the realities of living a polyamorous lifestyle and to better clarify the long-term well-being of all involved with a particular concern regarding those participants who are in a secondary role, if the secondary person is being harmed by the passivity of their relationship and therefore feels marginalized and a sense of rejection, or would the polyamorous arrangement, though outside of cultural norms, in some way be immune to the typical human dilemmas (e.g., jealousy and resentment) and to consider the effects of all participants in polyamorous arrangements often feeling they must hide their choices from others. Another research topic is regarding the ethics of a professional counselor supporting a lifestyle (e.g., polyamory) that has so many unknowns and is even considered to be wrong (or at best taboo) according to most current belief systems. It would be beneficial to consider whether there

is something harmful in polyamory, and the stigmas are justified, or that the polyamorous lifestyle is healthy, and the criticisms are without merit.

An interesting finding shared by Balzarini et al., (2017) was the idea that in the polyamorous arrangement, when the person lives with the primary, 20% of their time spent together is focused on sexual proclivities where 37% of the time spent with the secondary had a sexual focus. When the person did not live with either partner, the primary elevated to 30% and the secondary elevated to 40%. This raises questions like does being away from one's sexual partner increase the likelihood that when time is spent together the odds are increased that sexual experiences will occur as compared to those couples who cohabit (implying the adage, absence makes the heart grow fonder). This has potential implication for other sexual relationship types and would be a great area of study to see if this indeed translates to other areas of more commonly practiced sexual arrangements (e.g., monogamous heteronormative male and female).

### **Conclusion**

Counselors who are well prepared in human sexuality will benefit their clients as they sit with knowledge and confidence to have conversations about the clients' sexual experiences. Well trained counselors are equipped to mitigate harmful manifestations of sexuality or health related concerns of their clients and to help them to have the tools to improve their sexual enjoyment levels. To use a closing thought from Sanabria & Murray (2018), counselor educators need to acknowledge the immense need for human sexuality training that is more than a "special topic" or a "single class" to develop counselors who will be well equipped to speak into the conversation regarding human sexuality (pg. 201).

### References

- Abdelkhaliek, N. A. A., Ramadan, S. A., Ibrahim, S. S., Mohamed, M. R. A., & Elshabory, N. E. M. (2024). Effect of counseling model on diabetic women regarding sexual dysfunction: A quasi-experimental study. *BMC Public Health, 24*(1), 1161-9.  
<https://doi.org/10.1186/s12889-024-18585-9>
- American Counseling Association. (2014). *2014 ACA code of ethics*.  
<https://www.counseling.org/docs/default-source/default-document-library/ethics/2014-aca-code-of-ethics.pdf>
- Balzarini, R. N., Campbell, L., Kohut, T., Holmes, B. M., Lehmler, J. J., Harman, J. J., & Atkins, N. (2017). Perceptions of primary and secondary relationships in polyamory. *PloS One, 12*(5), e0177841-e0177841. <https://doi.org/10.1371/journal.pone.0177841>
- Bhat, G. S., & Shastry, A. (2020). Time to orgasm in women in a monogamous stable heterosexual relationship. *Journal of Sexual Medicine, 17*(4), 749-760.  
<https://doi.org/10.1016/j.jsxm.2020.01.005>
- Council for Accreditation of Counseling and Related Educational Programs (CACREP)  
<https://www.cacrep.org/for-programs/2024-cacrep-standards/>
- Cruz, C., Greenwald, E., & Sandil, R. (2017). Let's talk about sex: Integrating sex positivity in counseling psychology practice. *The Counseling Psychologist, 45*(4), 547-569.  
<https://doi.org/10.1177/0011000017714763>
- de Oliveira, L., Vallejo-Medina, P., & Carvalho, J. (2024). The mediating role of sexual boredom in women's sexual desire and satisfaction. *Journal of Sex & Marital Therapy, 51*(1), 96-109. <https://doi.org/10.1080/0092623X.2024.2442958>

- Dermer, S., & Bachenberg, M. (2015). The importance of training marital, couple, and family therapists in sexual health. *Australian and New Zealand Journal of Family Therapy*, 36(4), 492-503. <https://doi.org/10.1002/anzf.1122>
- Haboubi, N. H. J., & Lincoln, N. (2003). Views of health professionals on discussing sexual issues with patients. *Disability and Rehabilitation*, 25(6), 291–296. <https://doi.org/10.1080/0963828021000031188>
- Herbenick, D., Mullinax, M., & Mark, K. (2014). Sexual desire discrepancy as a feature, not a bug, of long-term relationships: women’s self-reported strategies for modulating sexual desire. *The Journal of Sexual Medicine*, 11(9), 2196–2206. <https://doi.org/10.1111/jsm.12625>
- Interiano-Shiverdecker, C. G., Romero, D. E., & Elliott, J. (2023). Development of child sex trafficking counseling competencies in the United States: A Delphi Study. *Journal of Interpersonal Violence*, 38(1-2), 1397-1423. <https://doi.org/10.1177/08862605221090569>
- Jones, J.M. (2025). LGBTQ+ Identification in U.S. Rises to 9.3%. February 20, 2025. News.Gallup.com. <https://news.gallup.com/poll/656708/lgbtq-identification-rises.aspx>
- Latka, M., Gollub, E., French, P., & Stein, Z. (2000). Male-condom and female-condom use among women after counseling in a risk-reduction hierarchy for STD prevention. *Sexually Transmitted Diseases*, 27(8), 431-437. <https://doi.org/10.1097/00007435-200009000-00002>
- Litam, S. D. A. (2017). Human sex trafficking in america: What counselors need to know. *The Professional Counselor (Greensboro, N.C.)*, 7(1), 45-61. <https://doi.org/10.15241/sdal.7.1.45>
- Litam, S. D. A. (2019). She’s just a prostitute: The effects of labels on counselor attitudes, empathy, and rape myth acceptance. *The Professional Counselor (Greensboro, N.C.)*, 9(4), 396-415. <https://doi.org/10.15241/sdal.9.4.396>

- Matthews, S. J., Giuliano, T. A., Rosa, M. N., Thomas, K. H., Swift, B. A., Ahearn, N. D., Garcia, A. G., Smith, S. R., Niblett, C. M., & Mills, M. M. (2018). The battle against bedroom boredom: Development and validation of a brief measure of sexual novelty in relationships. *Canadian Journal of Human Sexuality.*, *27(3)*, 277–287.  
<https://doi.org/10.3138/cjhs.2017-0041>
- Miller, S. A., & Byers, E. S. (2008). An exploratory examination of the sexual intervention self-efficacy of clinical psychology graduate students. *Training and Education in Professional Psychology*, *2(3)*, 137–144. <https://doi.org/10.1037/1931-3918.2.3.137>
- Miller, S. A., & Byers, E. S. (2009). Psychologists' continuing education and training in sexuality. *Journal of Sex & Marital Therapy*, *35(3)*, 206-219.  
<https://doi.org/10.1080/00926230802716336>
- Mollen, D., Burnes, T., Lee, S., & Abbott, D. M. (2020). Sexuality training in counseling psychology. *Counselling Psychology Quarterly*, *33(3)*, 375-392.  
<https://doi.org/10.1080/09515070.2018.1553146>
- Mukhlisiana, L., Kuswarno, E., Rizal, E., & Maryani, E. (2024). Enhancing the needs of counselor's communication competencies in assisting child victims of sexual violence. *Studies in Media and Communication*, *12(3)*, 415.<https://doi.org/10.11114/smc.v12i3.7095>
- Nield, J., Magnusson, B., Brooks, C., Chapman, D., & Lapane, K. L. (2015). Sexual discordance and sexual partnering among heterosexual women. *Archives of Sexual Behavior*, *44(4)*, 885-894. <https://doi.org/10.1007/s10508-014-0287-1>
- Parkes, A., Ph.D, Wight, D., Ph.D, Henderson, M., Ph.D, & Hart, G., Ph.D. (2007). Explaining associations between adolescent substance use and condom use. *Journal of Adolescent Health*, *40(2)*, 180.e1-180.e18. <https://doi.org/10.1016/j.jadohealth.2006.09.012>

- Penwell-Waines, L., Wilson, C. K., Macapagal, K. R., Valvano, A. K., Waller, J. L., West, L. M., & Stepleman, L. M. (2014). Student perspectives on sexual health: Implications for interprofessional education. *Journal of Interprofessional Care*, 28(4), 317–322.  
<https://doi.org/10.3109/13561820.2014.884553>
- Sanabria, S., & Murray, T. L., Jr. (2018). Infusing human sexuality content and counseling in counselor education curriculum. *American Journal of Sexuality Education*, 13(2), 190-204.  
<https://doi.org/10.1080/15546128.2018.1457461>
- Sandbakken, E. M., Skrautvol, A., & Madsen, O. J. (2022). 'It's my definition of a relationship, even though it doesn't fit yours': Living in polyamorous relationships in a mononormative culture. *Psychology and Sexuality*, 13(4), 1054-1067.  
<https://doi.org/10.1080/19419899.2021.1982755>
- Stephenson, K. R., & Meston, C. M. (2013). The conditional importance of sex: Exploring the association between sexual well-being and life satisfaction. *Journal of Sex & Marital Therapy*, 41(1), 25–38. <https://doi.org/10.1080/0092623X.2013.811450>
- Sulastri, R., & Permana, I. (2023). A qualitative study of the experience of female diabetes mellitus type II with sexual diffusion. *Jurnal Aisyah: Jurnal Ilmu Kesehatan*, 8(2), 469-476.  
<https://doi.org/10.30604/jika.v8i2.1979>
- Tatum, A. K., Flicker, S. M., Peralta, I., & Kubicki, R. J. (2024). Initial motivations for engaging in polyamorous relationships. *Archives of Sexual Behavior*, 53(2), 629-644.  
<https://doi.org/10.1007/s10508-023-02750-z>
- Varma, P., Barman, J. D., & Maheshwari, S. (2023). Why did I cheat on my partner? Mapping the motives of infidelity in dating relationships through the perpetrators. *The Family Journal (Alexandria, Va.)*, <https://doi.org/10.1177/10664807231201629>

- Walker, A. M. (2019). Having your cake and eating it, too: Factors impacting perception of life satisfaction during outside partnerships. *Sexuality & Culture, 23*(1), 112-131.  
<https://doi.org/10.1007/s12119-018-9545-z>
- Walker, A. M., & Lutmer, A. (2024). Sexual skills, sexual responsiveness, and sexual mindfulness: components of great sexual experiences. *Sexuality & Culture, 28*(5), 2207–2226. <https://doi.org/10.1007/s12119-024-10226-y>
- Wittmann, Daniela, PhD, MSW, & Bober, S. L., PhD. (2021). Incorporating the principles of sex therapy into urologic care. *Urologic Clinics of North America, 48*(4), 425-436. <https://doi.org/10.1016/j.ucl.2021.06.003>
- Zeglin, R. J., R. M. Niemela, D., & Vandenberg, M. (2019). What does the counseling field say about sexuality? A content analysis. *American Journal of Sexuality Education, 14*(1), 55-73. <https://doi.org/10.1080/15546128.2018.1518175>
- Zeglin, R. J., Van Dam, D., & Hergenrather, K. C. (2017). An introduction to proposed human sexuality counseling competencies. *International Journal for the Advancement of Counselling, 40*(2), 105-121. <https://doi.org/10.1007/s10447-017-9314-y>
- Zorn, T. M., Feilhauer, L., Juhola, E., Gottwald, K., & Borg, C. (2022). Does sexual creativity enhance sexual satisfaction? Examining the effect of weekly creative sexual tasks in monogamous long-term heterosexual couples. *Journal of Sexual Medicine, 19*(11), S114-S114. <https://doi.org/10.1016/j.jsxm.2022.10.103>