



*"Walk in Love, as Christ also hath loved us."
--Ephesians 5:2*

Christian Sex Counselling

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Due to extensive studies and research, we have seen great strides forward in understanding human sexuality during the last two decades, and many have benefited to some extent from the increase in knowledge. Our modern community seems better equipped to recognise problems which may need professional help, and Christian professionals (who are concentrating on more specialised areas) are now better able to counsel and treat a greater number of complex sexual problems. Unfortunately, some people hold that what goes on in the privacy of their bedrooms, however inadequate in the satisfaction of their needs and desires, has nothing to do with any-one else, no matter how professionally qualified the third party may be.

Never-the-less, experience has shown that many of those who are courageous enough to be honest about a particular sexual problem have been very grateful for the advice given by a qualified counsellor. (Factors promoting success are early referral, the honesty and openness of the client, the client's confidence in the skills, professionalism and expertise of the counsellor, and the willingness of both partners to attend and to carry out the counsellor's guidelines.)

There is a distinct difference between a sex counsellor and a sex therapist - a sex therapist is a professional who specialises in the treatment of physical sexual disorders, and usually involves the patient in a physical examination and other specific 'tests'. Sex counsellors use some 'therapy' in the treatment of their clients but usually they rely on the client's GP for any physical examinations. Professional sex counsellors endeavour to diagnose and treat numerous forms of sexual and family life problems, for example: ejaculation too soon to fully enjoy intercourse (premature ejaculation); a failure to reach orgasm (anorgasmia); painful female intercourse (dyspareunia); inability to obtain and sustain an erection (impotence); vaginal muscle spasm [making penile entry difficult or impossible] (vaginismus); difficulty in responding sexually to another (decreased libido); fatigue; a lack of female lubrication; and stress. These problems are not always so clearly defined and the client may simply say "we are just not getting on with each other sexually."

It may take the counsellor and his client some time to unravel the real cause of the problem. In the vast majority of cases the 'problem' or its symptoms may have been present for a very long time and the client may be nervous or somewhat anxious.

Fortunately, most Christian sex counsellors are very much aware of the difficulties being experienced by their client.

Sex counselling must be one of the most personal of all types of counselling. Although each case is highly individual and will have its own peculiarities, there are certain common attitudes adopted by the counsellor. In the course of the counsellor's work & training, he will have dealt with a great variety of sexual behaviour, from the naive to the bizarre. In fact it is probably true to say that it isn't easy to shock a sex counsellor! Christian sex counsellors especially realise the importance of an objective and helpful approach. Stated simply, the aim of all sex counselling is to be helpful! After the counsellor has some idea of why he is being consulted, the first task will be to understand something of the background of the client and the particular complaint.

From this information the counsellor may be able to make a 'diagnosis' of the problem and will be able to plan an approach to deal with it. Unlike many medical situations, the 'diagnosis' may take some time to formulate - for this reason it is easy to become impatient with sex therapy, especially if one partner is only too willing to place the blame on the other. I, like most Christian sex counsellors prefer to see the client's partner, although this is not always possible. Commonly the client may feel that his or her partner would simply refuse to see a counsellor but most counsellors have usually found that this hurdle is overcome once the partner is aware that it is in his or her best interest to attend. Sometimes we counsellors will offer to contact the partner ourselves to invite him or her to the counselling session and it is not uncommon to be confronted by an angry spouse who will not concede any 'fault' on his or her part or there may be uncertainty as to what sex counselling involves.

Primarily, the counsellor will wish to obtain a clear history. This will involve answering questions about the purpose of the request for counselling, and other relevant information about the client and his or her partner eg: the client's social background, details of the client's sex education, the attitudes of the client's parents, and the client's previous sexual experiences. These may all be of importance. It is important to remember when dealing with 'confessions' of past sexual experiences, that your counsellor is a professional, and as such, any information will be treated in a highly confidential matter.

If one partner does not wish to divulge certain information to the other partner, it should be possible to discuss this with your counsellor, who will ensure confidentiality. Usually when a couple is involved, the counsellor will see each one individually at first to enable a full and frank discussion and allow the counsellor to hear both interpretations of the problem.

Following this, some counsellors suggest a 'group therapy' session involving several couples with similar problems, however the method I and

many other Christian sex counsellors adopt is the 'joint therapy' approach which involves interaction only between the couple and their counsellor (although occasionally another therapist or counsellor may be involved upon invitation). The advantage of having a neutral and (hopefully) objective person present is that the couple will often be able to communicate with one another on equal terms. Your counsellor is not there to judge, but to aim to see that both parties have a equal opportunity to express their points of view.

Sometimes it may be necessary for the counsellor to obtain the results of further tests (eg. blood tests or a sperm count) or for the counsellor to refer the client to a specialist colleague (eg. a Gynæcologist) - this does not necessarily mean that the counsellor is unable to deal with the problem, but rather it may indicate that a physical problem needs to be dealt with first before further counselling can continue. After all this information-gathering, the counsellor will usually discuss the findings with the client and together they will decide whether to research deeper or to immediately move to a plan of action. (It should be noted here that because of their professional approach, Christian sex counsellors neither desire nor are required to observe their clients in the performing of any kind of sexual activity. The 'plan of action' is tailored to the needs of the clients and is carried out in private.)

The aim of the therapy aspect of a sex counsellor's rôle is to provide guidelines whereby a particular problem may be overcome. Usually, therapy will involve an individually tailored set of 'exercises' which are carried out in the privacy of the client's home. Some 'homework' is inevitable - for example a programme of 'sensate focus' exercises (in my earlier writings I have preferred to use the self-explanatory term 'non-genital pleasuring exercises'), or exercises to gain better control of the pelvic muscles used during intercourse. Whatever 'plan of action' is used, the counsellor will wish to be informed of progress.

If you believe there may be a problem in the sensual side of your life then the good news is that most counselling enjoys a very high success rate and it is entirely confidential.

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**Contact Details
are out-of-date**